

THE
RED BACK
WEB

Dr Helen Tsigounis

THE RED BACK WEB

A HAUNTING TRUTH IN AUSTRALIA TODAY

*THIS BOOK IS DEDICATED TO MY NEPHEWS.
TO A SAFER FUTURE.*

THE RED BACK

THE RED BACK SPIDER IS DANGEROUS AND NATIVE TO AUSTRALIA.
IT IS BLACK WITH A CHARACTERISTIC RED STRIPE ON ITS ABDOMEN.
IT'S WEB IS COMPLEX AND CONSISTS OF AN IRREGULAR TANGLE OF
FINE BUT STRONG SILK FIBRES.
THE BACK PORTION OF THE WEB FORMS A FUNNEL WHERE STRANDS
ARE MORE CLOSELY BOUND.
IT IS HERE THAT THE SPIDER RESIDES, MONITORING ITS WEB.
THE PREY BECOME ENTANGLED IN THE WEB , KILLED AND DEVoured.

A. PANDORA'S BOX

- CH 1. A VOID PROCESS
- CH 2. MEDICAL SCHOOL
- CH 3. FRANKSTON HOSPITAL

B. THE CORRUPTED PROCESS

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FORWARD - THE ESSENCE OF AUSTRALIA

Australia was founded by secret societies not christianity.

Its outback, an ancient, unorganised space was a strange display to its original human inhabitants, who recognised their home as shared with wild spirits that were themselves inhuman.

Today, Australia has become a proving ground for other strange displays, those of deep black technologies that don't appear to be of this world even when they are.

A host of occultic twists to the story of military intelligence and wild allegations that Australia is controlled by an alleged ring of paedophiles holding high public office.

I, an Australian doctor of Greek descent found myself viscerously attacked by the controllers of the Australian System.

I had my licence to practice as a doctor taken away from me in circumstances which I believe were unjust and designed to maliciously destroy me. I found that my lawyers, the judges and the media conspired to prevent justice and to further the process of damage and destruction not only to my career but to all aspects of my life.

I was fraudulently bankrupted, and could not obtain my passport so as to leave the country and work overseas for three years.

I was continually harassed, victimised and had threats to my life.

This story, constructed in my own words is more than just a personal tragedy, but something much deeper and more universal in its events.

It is centred on the court evidence of my case, the case of Dr Helen Tsigou-

nis versus the Medical Board of Queensland (AUSTRALIA) and other public documents*.

A verse given to me at the beginning of the court process is as follows:

"If you can hear the truth, then you have spoken twisted to make a trap for fools"

This is one story that traps many truths.

I am currently unable to live and work in the country where I was born, Australia, and my life is at risk.

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- * 1. EVIDENCE BEFORE THE DISTRICT COURT OF TAWNSVILLE, TRANSCRIPT (TX) AND EXHIBITS
2. JUDGEMENTS OF THE DISTRICT COURT
3. SUPREME COURT OF BRISBANE (COURT OF APPEAL) TRANSCRIPT (TX), SUBMISSIONS, JUDGEMENT
4. HIGH COURT DOCUMENT SUBMISSION and DECISION

CHRONOLOGY OF EVENTS

The following is a chronology of events revealing my medical registration history.

VICTORIA - 1997

Graduated from medical school at Monash University.

VICTORIA-1998

Internship at Frankston Hospital, Victoria.

GREECE-1999/2000/2001

Passed medical reciprocity exams in Greece and Obtained my European Medical Licence.

Worked as a resident in anaesthetics and ICU.

QUEENSLAND-2002/2003

Worked as an Intern and resident at the Townsville Hospital, Townsville.

Applied to Queensland Medical Board for General registration after completion of Internship requirements in April 2003.

Resigned from Hospital in May 2003.

Medical Board refuses my application and cancels all registration as a doctor, barring me from the profession.

LEGAL APPEAL - 2003-2007

District Court of Townsville

Supreme Court of Brisbane

High Court of Australia

Unable to work as a doctor in Australia

A. PANDORA'S BOX

CH. 1. A VOID PROCESS

“The Greek God Zeus as a curse to mankind created Pandora’s Jar in anger. It contained the evil of all unrighteousness. When it was open, all manner of evil was let loose to infect mankind.

Hesiod’s *Work and Day*, 700 BC

The Gods of ancient Greek Civilisation lived high on Mt Olympus. They looked down on the mere mortals hurrying about, like ants with little, if no purpose.

The Olympian Gods played with the mortals lives, like puppets, to appease their desires and for their entertainment.

But Zeus, the king of the gods was selfish and kept all of the divine fire only for the gods, forbidding it for man.

This was so to prevent humans from advancing by gaining the methods with which to cook food, forge tools and keep warm.

When Prometheus, a lesser god known as a titan, disobeyed Zeus and stole a spark of divine fire and gave it to man, Zeus began an ever ending punishment for Prometheus.

He chained Prometheus down and had an eagle peck out his liver bit by bit every day.

Not satisfied with punishing Prometheus, Zeus had his fellow gods craft a woman, Pandora, and gave her to the world with a box telling her never to open it.

However Zeus had also given Pandora intense curiosity, knowing that she will eventually disobey him and open the box.

Pandora opened the box, releasing all the evils of the world to plague mankind.

Such is the myth of Zeus’ wrath and revenge against Prometheus.

1.

I had worked in Athens as a doctor for the past year and the Acropolis, situated at the highest point of Athens, came to life in the evenings. It would stand alight against a black sky, reminding one of these Ancient civilisations.

An unimaginable time span between the then and now.

As I arrived back to Australia, I obtained employment in Northern Queensland in a town named Townsville.

Townsville was a stark contrast to Athens with a vast and wild landscape and a relatively sparse population.

It had a tropical climate, was surrounded by rainforests, had abundant beaches and was in close proximity to the Great Barrier Reef.

In Townsville one could observe the spectrum of unique wildlife "at home" in the context of their natural environment.

The days sparkled with sunshine and from the veranda of my apartment I could see Magnetic Island, a carpet of green merging softly with the blueness of the sea.

It was here, that I often spotted a sleeping koala sprawled on the branches of a gum tree or took a glimpse of a wombat rushing through the bushes.

Unknown to some, Northern Queensland was also home to some of the most dangerous creatures in the world including venomous snakes, poisonous spiders and toxic jellyfish.

Townsville was a laid back community with two distinct worlds, the Indigenous Australian culture and the White Aussie Culture.

There appeared little if any fusion of these two realms.

The Townsville Hospital was next to the University on the outskirts of the main town.

It was the largest hospital in Northern Queensland and had been recently built to replace itself in this new location.

Patients would arrive from many locations, including the surrounding islands and in particular from Palm Island.

The University had strong academic areas in marine ecology and wildlife conservation.

It also contained a small medical school and medical students would often be seen lingering around on the wards of the hospital searching for one pathology or another.

I was surprised to hear, at a later date, that the Dean of Medicine, Professor

Robert Porter from Monash University in Victoria, was now involved with the Medical School in Townsville.

~~~I was informed of this by a fellow doctor who had also added that Professor Porter is *"an extremely vindictive man"*.

I wondered if it was possible for one to hold a grudge from events that had occurred so long ago?

I dismissed this as a possibility but remembered that he was forced into retirement the year that I had graduated from the medical school.

From Townsville, I had easy access to the Reef and on my time off I obtained my divers licence.

At the end of a stretch of shifts, which sometimes included working 18-hour days and up to 14 days consecutively, I looked forward more to taking a dive than to falling into a deep sleep.

Under the water I felt a lightness of both body and mind.

Feeling like a fish suspended in its natural element, the pressures and stressors of my life became pale amongst the endless tapestry of colours and marine life that surrounded me.

The Townsville Hospital attracted doctors from all corners of the world forming a mosaic of culture that was as colourful as the marine life.

Many overseas doctors would gain employment at the hospital for short periods of time in the midst of their travels.

This resulted in a continual change of doctors, a source of chaos for hospital administration.

There were times, after having completed my scheduled shifts, I would be contacted by administration and told to do a further unscheduled period.

Despite my overwhelming fatigue, I always accepted.

Having to override my more primitive need of wanting to desperately shut down and sleep was not always easy.

Such demands on doctors were common, as the hospital had problems replacing doctors who would leave.

The Aborigines lived communally on the outskirts of the main town in appalling living conditions.

They are a tribal culture with their own beliefs and traditions and whom perform mystical ceremonies.

I came to know Lowitza, a male Aborigine who looked much older than his 30 years.

He appeared to have, as home, a park bench close to where I was living.

He would often call out to me *"hey sister"* and ask me for a cigarette.

I would then sit with him for a while, talking before heading for home.

I discovered that the Aborigines were very connected spiritually to the land which they worshipped.

They believe that the world was created when their ancestors rose from below the earth to form various parts of nature including animal species, bodies of water and the sky.

They believe that when they die their spirits will return and become part of the land that their particular tribe occupies and therefore they will remain spiritually alive in nature.

The hills, mountains and rocks of the land are mere manifestations of past spirits.

The Aborigines believe that to destroy or damage sacred land threatens not only the living but also the spiritual inhabitants of the land.

Because of my olive complexion that had turned a chocolate brown under the Townsville Sun, the Aborigines were more trusting of me than with other white skinned doctors.

They would not resent me nor resist the blood tests and treatments that I would perform on them as they often did with more Anglo Saxon looking doctors.

It was common practice for Aborigines to present to the Emergency Department of the hospital drunk without having eaten for days.

More frequently, they would stumble in just before the next pension cheque was issued, having run out of money to buy alcohol or food.

In their minds, the hospital, on such occasions, was treated like a hotel where they could get a free meal and a bed to sleep on.

From our perspective it was a chance to give them some medical help for their alcoholism and for their self neglect.

As time went on, I gained a sense of the complexity of issues surrounding the Aboriginal culture.

I soon noted that alcohol, drug abuse, violence, illiteracy, unemployment and poor hygiene were widespread problems that the Aborigines faced. The Aborigines had a life expectancy that was around half that of other Australians.

I sensed that they were withering away, like the leaves that have been broken away from a gum tree.

I was stunned to see at one time a young Aboriginal woman, age 35 with end stage alcoholic liver disease and horrified when a 12 year old girl was admitted to the Emergency from Palm Island after having been physically and sexually abused.

I was alarmed when this young girl's mother said, casually, "*it happened to my other daughter at around the same age*".

Before my employment in Townsville, I had forwarded to the hospital all relevant material related to my previous work as a doctor.

This included events surrounding my suspension in Victoria and the resulting psychiatric conditions that had been placed on my registration as a doctor.

I also forwarded the psychiatric reports that were before the Victorian Medical Board when this decision had been made.

I felt no embarrassment in doing this, as it was clear from the material that an unexplained paradox existed.

After the events in Victoria, I was unable to obtain further employment.

I followed my barrister's advice and had travelled overseas.

I went to Greece and sat medical exams obtaining my European Medical Registration.

This information was placed in a hospital file that was later subpoenaed for the purpose of the Court Hearing.

I was thus surprised, when Dr Hodges, the Deputy Director of Clinical Training said during the District Court hearing of my case;

*"She was very vague about her past history...and did not provide any information as to why psychiatric conditions had been imposed"*\*[11]

And even more surprised when the District Court Judge concluded:

**"She did not tell Dr Hodges that she had been suspended".**

The truth was before His Honour but he did not want to see it, in fact he chose to contradict it.

Dr Hodges, like most of the witnesses relied upon by the Medical Board of Queensland during the court hearing gave dishonest and false evidence with intent to malign me.

The most extraordinary of witnesses to give evidence against me was Dr Neil Small.

Dr Small, an Emergency Medicine Physician was away on leave during the time that I had worked in the Emergency Department.

Despite this, Dr Small completed the following document addressed to the Medical Board and signed 4 months after I had resigned from the hospital.

It was included in the Board's material that was before the Court.

I, Dr Niall Small, Consultant Emergency Physician  
at the Townsville Hospital worked With Dr Helen  
Tsigounis during Her Emergency Department term.

Dr Tsigounis did not improve as would be expected  
of an Intern over a period of time.

19/09/03

When questioned as to the truthfulness of his statement during the District Court hearing, Dr Small says *"I don't know-you've read the statement, do you want-that's what the statement states, yes"* [TX 317].

In a letter to the Board dated 4th February 2004, that was also in the material before the Court, Dr Small states *"I had limited contact with Helen"* [TX 318].

And in his Affidavit dated June 2004, he states: *"I cannot recall having any contact with Helen in a clinical sense"* [TX 318].

During the hearing Dr Small eventually concedes to being on study leave during the time that I had worked in his department and admitted that he had not worked with, nor interacted with me in a clinical capacity. (TX 316, 318).

Despite this admission, Dr Small gives no reason as to why he had made a false statement before the Court.

Further, despite the above facts Dr Small gives the following opinion before the Court. *"I do not think she has that ability (to handle the process of differential diagnosis) at present"* (TX 358) and *"It's my opinion that the current situation is that Dr Tsigounis is not suitable to be awarded general medical registration"* (TX 357).



*I have concerns regarding Dr Tsigounis' degree of insight and certain lack of knowledge" (9TX 357 L40).*

I felt deeply hurt and betrayed by the nature of the evidence against me. It was as if a fever of demonic malice erupted after I resigned from the Townsville hospital.

On the first day of my employment in April of 2002, the Director of Clinical Training, Dr Peter Keary, said with a sweet smile *"the boy's club won't reach you up here"*.

His directness had startled me, but I believed him.

I was safe in his domain, I had thought to myself.

I began my work at the Townsville Hospital in the Intensive Care Department [ICU].

This area of the hospital had the sickest of patients and required doctors that were highly trained with skills and knowledge well above that of which is required of an Intern (a doctor at the level of the first year after graduation). Dr Hodges had placed me in this department because of my prior experience in Greece.

I had performed well in Greece working in the ICU department and in anaesthetics and had received the following reference which was submitted at a later date before the Distinct Court.

HELLENIC REPUBLIC  
REG. GENERAL HOSPITAL  
"KORGIALENIO-BENAKIO"  
GREEK RED CROSS

INTENSIVE CARE UNIT  
PROFESSOR/MANAGER: CONSTANTINOS MANDRAGOS

REFERENCE LETTER  
Re: the specialist doctor  
Anaesthesiologist  
Helen Tsigounis

Helen Tsigounis worked in the Intensive Care Unit of "Korgalenio-Benakio" Hospital of Red Cross from 30/4/2001 to 1/11/2001 in the

framework of her compulsory training in ICU during her specialisation in anaesthesiology.

During the above time, Dr Tsigounis worked in the treatment of patients in the ICU and the methods and techniques that are applied for the management of patients with established failure of one or more systems.

She is hard a hard working colleague, willing, cooperative, punctual with constant effort for improvement. She participated in the training program of ICU during her training.

She is a very good doctor who improves constantly due to her effort. She has knowledge of the medical equipment of ICU, which she uses well. Her evaluation of ICU patient's problems is appropriate.

Finally, I mention that it is about a young doctor, promising a lot, with tendencies for constant improvement and excellent character.

K. E. Mandragos MD. PhD.  
Professor/ Manager  
(Stamp and Signature)

I had also been involved in a publication that was also admitted as evidence before the Court.

Of the above reference, The District Court Judge concludes:

**"A very good doctor with appropriate evaluation of ICU patients and problems"**

His Honour omits the sections of the reference that contradict His Honour's own findings, as expressed in the following section of His Honour's judgement\*:

**She is unwilling to learn from her mistakes and lacks an appreciation of her own limitations...**

**She genuinely believes she has qualified as a doctor and that should be the end of the matter.**

His Honour fails to refer to the court evidence relied upon when making His above findings.

It was surely not the formal Internship Assessment Forms from the Townsville Hospital that were before His Honour, as they contradicted his Honour's findings.

My time in ICU at the Townsville Hospital was both intellectually rewarding and enjoyable.

I appreciated the fact that I did not have to struggle with the language as I had, whilst working in Greece.

Seeing a patient admitted for the first time after being stung by an irikandji jellyfish had caused enormous excitement in the department.

Unfortunately, the patient suffered severe brain haemorrhage and died.

Dr Hodges had accepted the role as my mentor at the Hospital, in fact he had signed a document to that effect.

As my mentor he was to organise my placements in accordance with the Board's requests and to assess my progress at the end of each term.

My work in ICU was assessed as satisfactory and Dr Hodges said *"I received regular feedback from Dr Corkeron who seemed perfectly satisfied with you". [TX 901]*

On the 11 June of 2002, I was shifted to the Medical Unit so as to comply with the Queensland Medical Board's requests, which are revealed in the following document:

*Medical Practitioners Registration Act 2001*  
Sections 57(3)(b) and 59

**INFORMATION NOTICE**

**DECISION TO REGISTER AS A GENERAL REGISTRANT WITH  
INTERNSHIP CONDITIONS AND OTHER CONDITIONS**

TO: Dr Helen Tsigounis  
34 Inkerman Street  
ST KILDA VIC 3182

**DECISION AND REASONS**

The Medical Board of Queensland at its meetings on 28 May 2002 and 11 June 2002 has decided to:-

- (i) register you pursuant to Section 57(3)(b) as a general registrant with internship conditions as follows:-
  - You must complete a period of 6 months of the prescribed internship with a minimum rotation of 12 weeks in surgery;
  - You must practise the profession only in accordance with the prescribed internship;
  - The part of the prescribed internship must be completed within 1 year.

Dr Helen Tsigounis

Going from ICU to a Medical Intern position was like going from diving to snorkelling.

There was a loss of a dimension, and I had initially missed the depth of complexity associated with patients in the ICU.

I worked for 13 weeks as a Medical Intern and obtained the following internship report; [TX 503]

*Medicine*

### INTERN ASSESSMENT FORM

This form reflects the objectives of the intern year and is a tool to assess the interns on their professional performance. Guidelines for completing the form are outlined in *The Intern Training Manual, Section B. 9.1*. Please forward completed and signed full-term assessment form to the Director of Clinical Training at the end of term.

Intern : Helen Tsigounis

Year 2002 Term ☐ 1 ☒ 2 ☐ 3 ☐ 4 Unit : GMi + Renal

Unit educational coordinator : for 3 weeks Term 2, 2002

Is the intern progressing satisfactorily towards full registration? Yes ☒ No ☐ Uncertain ☐

Comment on any strengths/weaknesses of the intern :

hard working , keen to learn

Has this assessment been discussed with the intern? Yes ☒ No ☐ Met

Signed by unit educational coordinator : Nada Alrawi (Reg)

Date : 17 / 10 / 02

Comments on assessment by intern

Completed form signed by intern : [Signature]

Date : 17/10/02

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Categories for performance grades are based on the recommended level of competence at the end of the term

- |                                                                                 |                       |
|---------------------------------------------------------------------------------|-----------------------|
| 1. Requires substantial assistance - needs extensive supervision and guidance   | 5. Good               |
| 2. Requires some assistance - supervision of this skill is needed in most areas | 6. Very Good          |
| 3. Just adequate                                                                | 7. Exceptional        |
| 4. Satisfactory                                                                 | N/A Not applicable    |
|                                                                                 | U/C Unable to comment |

PLEASE RATE THE INTERN ON THE FOLLOWING

|                                                                                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A<br>U/C |
|-------------------------------------------------------------------------------------|---|---|---|---|---|---|---|------------|
| <b>KNOWLEDGE</b>                                                                    |   |   |   |   |   |   |   |            |
| Sound grasp of facts, theories and concepts in clinical settings                    |   |   |   |   |   | ✓ |   |            |
| Knowledge of preventative care issues                                               |   |   |   |   |   | ✓ |   |            |
| Knowledge of medico-legal principles (including informed consent)                   |   |   |   |   |   | ✓ |   |            |
| Awareness of administrative aspects of health care                                  |   |   |   |   |   | ✓ |   |            |
| Awareness of costs of patient management                                            |   |   |   |   |   | ✓ |   |            |
| <b>SKILLS</b>                                                                       |   |   |   |   |   |   |   |            |
| History taking (nature and implications of symptoms)                                |   |   |   |   | ✓ |   |   |            |
| Physical examination (nature and implications of signs)                             |   |   |   |   | ✓ |   |   |            |
| Manual dexterity relevant to procedural skills                                      |   |   |   |   | ✓ |   |   |            |
| Differential diagnosis                                                              |   |   |   | ✓ |   |   |   |            |
| Maintaining records and other written communications                                |   |   |   |   | ✓ |   |   |            |
| Ordering tests and investigations                                                   |   |   |   |   | ✓ |   |   |            |
| Effective prescribing and dosage of medication                                      |   |   |   |   | ✓ |   |   |            |
| Effective communication with patients and their families                            |   |   |   | ✓ |   |   |   |            |
| Outlining to patients the risks, discomfort and inconvenience of therapies proposed |   |   |   | ✓ |   |   |   |            |
| Taking appropriate health precautions                                               |   |   |   |   | ✓ |   |   |            |
| Clinical judgement                                                                  |   |   |   |   | ✓ |   |   |            |
| Working as an effective team member                                                 |   |   |   |   | ✓ |   |   |            |
| <b>PROFESSIONAL ATTRIBUTES</b>                                                      |   |   |   |   |   |   |   |            |
| Awareness of own strengths/limitations and consulting appropriately                 |   |   |   |   | ✓ |   |   |            |
| A caring and supportive attitude to patients                                        |   |   |   |   | ✓ |   |   |            |
| Appreciation of family, social and cultural influences on health                    |   |   |   |   | ✓ |   |   |            |
| Application of ethical principles                                                   |   |   |   |   | ✓ |   |   |            |
| Enthusiasm and initiative                                                           |   |   |   |   | ✓ |   |   |            |
| Reliability, dependability and efficiency                                           |   |   |   | ✓ |   | ✓ |   |            |

COMMENTS

hard worker with very good  
Medical Knowledge

OVERALL PERFORMANCE

(please tick one): ☐ Not up to required standard ☒ Satisfactory ☐ Good to excellent



## Dr Helen Tsigounis

I was then shifted to work in the Medical Unit of Paediatrics where I was one of three doctors that looked after the children on the wards and also children presenting to the Emergency Department.

Work in this area of medicine was exhausting and there were times where I was rostered on for 14 days consecutively and other times for 72 hours without sleep.

Such long working hours were a breach of the hospital policy under which I was employed but the Judge had failed to consider this vital evidence that was before him.

In fact, when Dr Small perjured himself by saying during the court hearing "these time sheets relating to Dr Tsigounis' time in the Emergency Department confirm that on no such occasion did she work more than 5 days consecutively, as per the requirements of the Junior Medical Staff Award" [TX 359], His Honour turned a blind eye.

The following are the time sheets that were before Dr Small and in the evidence before the Court when Dr Small made the above false statement.

2007/350  
CROC  
17 DEC 2007

Queensland Government  
TOWNSVILLE HEALTH SERVICE DISTRICT  
ROSTER ADJUSTMENT FORM - MEDICAL STAFF

Hospital: Section: Crew ID: TSV Position:

On Call P = Prox R = Remote

| Date        | Rostered Ordinary Hours |        |        | Rostered Overtime |        |       | Actual Ordinary Hrs Worked |             |       | Actual Overtime Hrs Worked |        |             | Reasons, remarks, other Allowances, etc. | Cost Centre | Auth Initial |  |
|-------------|-------------------------|--------|--------|-------------------|--------|-------|----------------------------|-------------|-------|----------------------------|--------|-------------|------------------------------------------|-------------|--------------|--|
|             | Start                   | Finish | Hours  | Start             | Finish | Hours | Start                      | Finish      | Hours | Start                      | Finish | Hours       |                                          |             |              |  |
| Mon 16/12   |                         |        |        |                   |        |       |                            |             |       |                            |        |             |                                          |             |              |  |
| Tue 17/12   |                         |        |        |                   |        |       |                            |             |       |                            |        |             |                                          |             |              |  |
| Wed 18/12   |                         |        |        |                   |        |       |                            |             |       |                            |        |             |                                          |             |              |  |
| Thu 19/12   | 0800                    | 1830   | 10 1/2 |                   |        |       | 19/12                      | 0800        | 1830  | 10 1/2                     |        |             |                                          |             |              |  |
| Fri 20/12   | 1100                    | 1830   | 10 1/2 |                   |        |       | 20/12                      | 1400        | 1830  | 10 1/2                     |        |             |                                          |             |              |  |
| Sat 21/12   | 1230                    | 2300   | 11     |                   |        |       | 21/12                      | 1230        | 2330  | 11                         |        |             |                                          |             |              |  |
| Sun 22/12   | 1230                    | 2300   | 11     |                   |        |       | 22/12                      | 1230        | 2330  | 11                         |        |             |                                          |             |              |  |
| Total hours |                         |        | 43     | Total hours       |        |       | 43                         | Total hours |       |                            | 43     | Total hours |                                          |             |              |  |

Higher Duties  
For this week only

Date from: Date to:

Position:

Level:

Comments:

Supervisor's signature:

Prepared by: 20/12/07

Checked by:

Week Ending: 22.12.102

Payroll Number: 124493

(Please Print)  
Surname: Tsigounis

Given: Helen

I hereby certify that the recorded hours were worked by me

Signature: [Signature]

Date: 16/12/07

Supervisor/Department Head: [Signature]

Name:

Position:

I certify the information shown on this time sheet is correct

Signature:

Instructions:

1. Ring the Central Rostering Operations Centre (CROC) on 4766 1234 to notify any changes to your rostered hours.
2. Complete this form and deliver it to the CROC (ground floor, near public lifts) or drop into CROC box at Medical Administration by Friday afternoon (if you are not working on the weekend) or by Monday 9am weekly.
3. The CROC will reconcile the form with the information in ESP and forward the form to your immediate Supervisor for validation and authorisation.
4. The Supervisor will then forward the RAF to the CROC for filing.

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19163

TOWNVILLE HEALTH SERVICE DISTRICT  
ROSTER ADJUSTMENT FORM - MEDICAL STAFF

Hospital: TAYRROLL SERVICES Date: 2002 JAN 20 Section: Crew ID: TSV Position:

On Call P - Prox Subcentre

| Date        | Rostered Ordinary Hours |        |       | Rostered Overtime |        |       | Actual Ordinary Hrs Worked |               |       | Actual Overtime Hrs Worked |        |             | Reasons, remarks, other Allowances, etc. | Cost Centre | Auth Initial |  |
|-------------|-------------------------|--------|-------|-------------------|--------|-------|----------------------------|---------------|-------|----------------------------|--------|-------------|------------------------------------------|-------------|--------------|--|
|             | Start                   | Finish | Hours | Start             | Finish | Hours | Start                      | Finish        | Hours | Start                      | Finish | Hours       |                                          |             |              |  |
| Mon 17/1    | 0700                    | 1730   | 8.5   |                   |        |       | 0700                       | 1730          |       |                            |        |             |                                          |             |              |  |
| Tue 18/1    | 0700                    | 1730   | 8.5   |                   |        |       | 0700                       | 1730          |       |                            |        |             |                                          |             |              |  |
| Wed 19/1    | 0700                    | 1730   | 8.5   |                   |        |       | 0700                       | 1730          |       |                            |        |             |                                          |             |              |  |
| Thu 20/1    | 0700                    | 1730   | 8.5   |                   |        |       | 0700                       | 1730          |       |                            |        |             |                                          |             |              |  |
| Fri 21/1    | 0700                    | 1730   | 8.5   |                   |        |       | 0700                       | 1730          |       |                            |        |             |                                          |             |              |  |
| Sat 22/1    |                         |        |       |                   |        |       |                            |               |       |                            |        |             |                                          |             |              |  |
| Sun 23/1    |                         |        |       |                   |        |       |                            |               |       |                            |        |             |                                          |             |              |  |
| Total hours |                         |        | 42.5  | Total hours       |        |       |                            | # Total hours |       |                            | 42.5   | Total hours |                                          |             |              |  |

Higher Duties For this week only

Date from: [Stamp: 20 JAN 2002]  
Position:  
Level:  
Comments:  
Supervisor's signature: [Stamp: 20 JAN 2002]  
Prepared by:  
Checked by:

Week Ending: 29.1.12.02  
Payroll Number: 124493  
(Please Print) SINGOVALS  
Surname: Helen  
Given: I hereby certify that the recorded hours were worked by me  
Signature: [Signature]  
Date: 27/1/02  
Supervisor/Department Head: [Signature]  
Name:  
Position:  
I certify the information shown on this time sheet is correct  
Signature:

1. Ring the Central Rostering Operations Centre (CROC) on 4796 1234 to notify any changes to your rostered hours.  
2. Complete this form and deliver it to the CROC (ground floor, near public lifts) or drop into CROC box at Medical Administration by Friday afternoon (if you are not working on the weekend) or by Monday 8am weekly.  
3. The CROC will reconcile the form with the information in ESP and forward the form to your immediate Supervisor for validation and authorisation.  
4. The Supervisor will then forward the RAF to the CROC for filing.

Received - 3 JAN 2002

ESP (v)ba

27 NOV 2002

TOWNVILLE HEALTH SERVICE DISTRICT  
ROSTER ADJUSTMENT FORM - MEDICAL STAFF

Hospital: TAYRROLL SERVICES Date: 2002 NOV 27 Section: Crew ID: TSV Position:

On Call P - Prox Subcentre

| Date        | Rostered Ordinary Hours |        |       | Rostered Overtime |        |       | Actual Ordinary Hrs Worked |               |       | Actual Overtime Hrs Worked |        |             | Reasons, remarks, other Allowances, etc. | Cost Centre | Auth Initial |  |
|-------------|-------------------------|--------|-------|-------------------|--------|-------|----------------------------|---------------|-------|----------------------------|--------|-------------|------------------------------------------|-------------|--------------|--|
|             | Start                   | Finish | Hours | Start             | Finish | Hours | Start                      | Finish        | Hours | Start                      | Finish | Hours       |                                          |             |              |  |
| Mon 4/11    |                         |        |       |                   |        |       |                            |               |       |                            |        |             |                                          |             |              |  |
| Tue 5/11    |                         |        |       |                   |        |       |                            |               |       |                            |        |             |                                          |             |              |  |
| Wed 6/11    |                         |        |       |                   |        |       |                            |               |       |                            |        |             |                                          |             |              |  |
| Thu 7/11    | 1230                    | 2330   | 11    |                   |        |       | 1230                       | 2330          | 11    |                            |        |             |                                          |             |              |  |
| Fri 8/11    | 2200                    | 0830   | 10.5  |                   |        |       | 2200                       | 0830          | 10.5  |                            |        |             |                                          |             |              |  |
| Sat 9/11    | 2200                    | 0830   | 10.5  |                   |        |       | 2200                       | 0830          | 10.5  |                            |        |             |                                          |             |              |  |
| Sun 10/11   | 2200                    | 0830   | 10.5  |                   |        |       | 2200                       | 0830          | 10.5  |                            |        |             |                                          |             |              |  |
| Total hours |                         |        | 42.5  | Total hours       |        |       |                            | # Total hours |       |                            | 42.5   | Total hours |                                          |             |              |  |

Higher Duties For this week only

Date from: [Stamp: 27 NOV 2002]  
Position:  
Level:  
Comments:  
Supervisor's signature: [Stamp: 27 NOV 2002]  
Prepared by:  
Checked by:

Week Ending: 10.11.02  
Payroll Number: 124493  
(Please Print) SINGOVALS  
Surname: Helen  
Given: I hereby certify that the recorded hours were worked by me  
Signature: [Signature]  
Date: 27/11/02  
Supervisor/Department Head: [Signature]  
Name:  
Position:  
I certify the information shown on this time sheet is correct  
Signature:

1. Ring the Central Rostering Operations Centre (CROC) on 4796 1234 to notify any changes to your rostered hours.  
2. Complete this form and deliver it to the CROC (ground floor, near public lifts) or drop into CROC box at Medical Administration by Friday afternoon (if you are not working on the weekend) or by Monday 8am weekly.  
3. The CROC will reconcile the form with the information in ESP and forward the form to your immediate Supervisor for validation and authorisation.  
4. The Supervisor will then forward the RAF to the CROC for filing.

Received 27 NOV 2002

ESP (v)ba

Pen Alt Chk

Dr Helen Tsigounis

PP1 50 RECEIVED  
27 NOV 2002

TOWNSVILLE HEALTH SERVICE DISTRICT  
ROSTER ADJUSTMENT FORM - MEDICAL STAFF

Hospital: PP1 Section: Inten Crew ID: TSV Position:

On Call PP1 Rostered Ordinary Hours PP1 Rostered Overtime PP1 Actual Ordinary Hrs Worked PP1 Actual Overtime Hrs Worked PP1 Reasons, remarks: PP1 Cost Centre PP1 Initial PP1

| Day         | Start | Finish | Hours | Start       | Finish | Hours | Start       | Finish | Hours | Start | Finish      | Hours |  |
|-------------|-------|--------|-------|-------------|--------|-------|-------------|--------|-------|-------|-------------|-------|--|
| Mon         | 07:00 | 19:30  | 8.5   |             |        |       | 07:00       | 17:30  | 8.5   |       |             |       |  |
| Tue         | 07:00 | 17:30  | 8.5   |             |        |       | 07:00       | 17:30  | 8.5   |       |             |       |  |
| Wed         | 07:00 | 16:30  | 9     |             |        |       | 07:00       | 23:00  | 9     |       |             |       |  |
| Thu         | 07:00 | 16:30  | 8.5   |             |        |       | 07:00       | 16:30  | 8.5   |       |             |       |  |
| Fri         | 07:00 | 16:30  | 8.5   |             |        |       | 07:00       | 16:30  | 8.5   |       |             |       |  |
| Sat         | 07:00 | 16:30  | 8.5   |             |        |       | 07:00       | 16:30  | 8.5   |       |             |       |  |
| Sun         | 07:00 | 16:30  | 8.5   |             |        |       | 07:00       | 16:30  | 8.5   |       |             |       |  |
| Total hours |       |        | 43    | Total hours |        |       | Total hours |        |       | 43    | Total hours |       |  |

Higher Duties  
For this week only

Date from: 27/11/02 Date to: 27/11/02

Position:   
Level:   
Comments:   
Supervisor's signature:

Week Ending: 17/11/02  
Payroll Number: 174493  
(Please Print) TSIGOUNIS  
Surname: Helen  
Given: Helen  
I hereby certify that the recorded hours were worked by me  
Signature: Helen  
Date: 27/11/02

Supervisor/Department Head   
Name:   
Position:   
I certify the information shown on this time sheet is correct  
Signature:

Instructions:  
1. Ring the Central Rostering Operations Centre (CROC) on 4786 1234 to notify any changes to your rostered hours.  
2. Complete this form and deliver it to the CROC (ground floor, near public lifts) or drop into CROC box at Medical Administration by Friday afternoon (if you are not working on the weekend) or by Monday 9am weekly.  
3. The CROC will reconcile the form with the information in ESP and forward the form to your immediate Supervisor for validation and authorisation.  
4. The Supervisor will then forward the RAF to the CROC for filing.

NO ADJUSTMENTS

RECEIVED  
27 NOV 2002  
ESP (M/S)

Pen Adjust

Under Australian law under oath or giving false evidence in court is a criminal offence punishable with up to 15 years in jail.

But His Honour, in this case, turned a blind eye to the law.

There were three paediatric consultants that we would report to as residents.

This occurred mainly during the ward rounds when we would meet and discuss management issues of the patient's seen.

Dr Ian Shellshear was the more senior of the consultants and chairman of the unit.

He assessed me at the end of this term with the following internship report;



Paediatrics

## INTERN ASSESSMENT FORM

This form reflects the objectives of the intern year and is a tool to assess the interns on their professional performance. Guidelines for completing the form are outlined in The Intern Training Manual, Section B. 9.1. Please forward completed and signed full-term assessment form to the Director of Clinical Training at the end of term.

Intern : Helen TSIGOUNIS.

Year 2007 Term ☐ 1 ☐ 2 ☒ 3 ☐ 4 Unit : Paediatrics Weeks Term 3.

Unit educational coordinator : 10082000

Is the intern progressing satisfactorily towards full registration? Yes ☒ No ☐ Uncertain ☐

Comment on any strengths/weaknesses of the intern :

- Good relationships with parents / staff.
- Interested in academic and medical aspects of paediatrics
- Desires to have more self confidence.

Has this assessment been discussed with the intern? Yes ☒ No ☐

Signed by unit educational coordinator : [Signature]

Date : 22/10/07

Comments on assessment by intern

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Completed form signed by intern : [Signature]

Date : 22/10/07

20/05 2003 TUE 14:33 FAX

006/022

Categories for performance grades are based on the recommended level of competence at the end of the term

- |                                                                                 |                       |
|---------------------------------------------------------------------------------|-----------------------|
| 1. Requires substantial assistance - needs extensive supervision and guidance   | 5. Good               |
| 2. Requires some assistance - supervision of this skill is needed in most areas | 6. Very Good          |
| 3. Just adequate                                                                | 7. Exceptional        |
| 4. Satisfactory                                                                 | N/A Not applicable    |
|                                                                                 | U/C Unable to comment |

| PLEASE RATE THE INTERN ON THE FOLLOWING                                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A<br>U/C |
|-------------------------------------------------------------------------------------|---|---|---|---|---|---|---|------------|
| <b>KNOWLEDGE</b>                                                                    |   |   |   |   |   |   |   |            |
| Sound grasp of facts, theories and concepts in clinical settings                    |   |   |   |   | ✓ |   |   |            |
| Knowledge of preventative care issues                                               |   |   |   |   | ✓ |   |   |            |
| Knowledge of medico-legal principles (including informed consent)                   |   |   |   |   |   |   |   | N/A        |
| Awareness of administrative aspects of health care                                  |   |   |   |   |   |   |   | N/A        |
| Awareness of costs of patient management                                            |   |   |   |   | ✓ |   |   |            |
| <b>SKILLS</b>                                                                       |   |   |   |   |   |   |   |            |
| History taking (nature and implications of symptoms)                                |   |   |   |   | ✓ |   |   |            |
| Physical examination (nature and implications of signs)                             |   |   |   |   | ✓ |   |   |            |
| Manual dexterity relevant to procedural skills                                      |   |   |   |   | ✓ |   |   |            |
| Differential diagnosis                                                              |   |   |   |   | ✓ |   |   |            |
| Maintaining records and other written communications                                |   |   |   |   | ✓ |   |   |            |
| Ordering tests and investigations                                                   |   |   |   |   | ✓ |   |   |            |
| Effective prescribing and dosage of medication                                      |   |   |   |   | ✓ |   |   |            |
| Effective communication with patients and their families                            |   |   |   |   | ✓ |   |   |            |
| Outlining to patients the risks, discomfort and inconvenience of therapies proposed |   |   |   |   | ✓ |   |   |            |
| Taking appropriate health precautions                                               |   |   |   |   | ✓ |   |   |            |
| Clinical judgement                                                                  |   |   |   |   | ✓ |   |   |            |
| Working as an effective team member                                                 |   |   |   |   | ✓ |   |   |            |
| <b>PROFESSIONAL ATTRIBUTES</b>                                                      |   |   |   |   |   |   |   |            |
| Awareness of own strengths/limitations and consulting appropriately                 |   |   |   |   | ✓ |   |   |            |
| A caring and supportive attitude to patients                                        |   |   |   |   |   | ✓ |   |            |
| Appreciation of family, social and cultural influences on health                    |   |   |   |   |   | ✓ |   |            |
| Application of ethical principles                                                   |   |   |   |   | ✓ |   |   |            |
| Enthusiasm and initiative                                                           |   |   |   |   | ✓ |   |   |            |
| Reliability, dependability and efficiency                                           |   |   |   |   | ✓ |   |   |            |

COMMENTS -

OVERALL PERFORMANCE

(please tick one): ☐ Not up to required standard ☐ Satisfactory ☒ Good to excellent

As a contrast to Dr Shellshear, who was serious and professional at all times, was Dr William Frishman.

Dr Frishman, a short man with shrewd eyes talked incessantly and had a warped sense of humour.

He was also the AMA (Australian Medical Association) representative of Townsville.

To my amazement, Dr Frishman had introduced himself to me as, *"Hi, I'm the Bitch"*. He then told me he liked his residents to address him as *"Frish"* and to buy him a can of coke at the end of the ward rounds.

Despite adhering to his wishes, I felt awkward calling him *"Frish"*.

I soon found out that Dr Frishman was 50 years of age, was an Italian Jew who had migrated to Australia from South Africa, had a wife 3 years his junior who was also a paediatrician, and who had two children in their early teens, one of whom he described as *"eccentric"* like him.

Without having given him this information, Dr Frishman knew I was married and would repeatedly ask me why my husband had not accompanied me to Townsville.

On such occasions I would tactfully change the topic, as it was too personal a matter to reveal.

As time went on, Dr Frisman's conversation became more and more inappropriate.

One day during a ward round, he blurted *"You don't know what its like to be having sex with the same woman for over 20 years"*.

I did not respond.

I had discussed Dr Frishman's conversations with the other two female residents who also revealed that they too, had to endure listening to such things.

After referring a patient to him from the Emergency Department, Dr Frishman begins a letter of reply to me in the following way:

*"You are a graphomaniac, a few words of referral is all that is needed in order to stop the doctor from being jailed....."*

This letter was submitted as evidence before the court. He signs the letter *"Frish"*.

One day, the nurse next to me was in hysterical laughter whilst on the ward phone. As she hung up, she looked at me trying to catch her breath and said, *"It was Frish calling from a sex shop"*.

One other time, whilst on a ward round with Dr Frishman, he turned and glared at an overweight nurse named Beth and said, *"I hate fat people"*.

I felt sorry for the poor nurse and noticed that her rosy cheeks had turned a bloody red.

Dr Frishman was not satisfied with so little a response and went on to tell the nurse that she needed to undergo a procedure called stomach stapling.

This time, Beth tried hard to hold back the tears.

I was perplexed by Dr Frishman's behaviour.

During one of our final ward rounds together, I noticed Dr Frishman was not his usual self.

As I handed him his can of coke at the end of a ward round, he cast me a deep frown and said *"You know Helen you have enemies in the AMA"*.

I felt fear as my mind raced back to Victoria.

Surely Dr Oldmeadows' influence could not reach the AMA, I thought to myself.

I told Dr Frishman that apart from him I knew of no one in the AMA.

Dr Frishman widened his eyes as he channelled all of his focus upon me and said that he was being *"coerced"* and that certain people wanted me out of the System.

Dr Frishman was serious and the strain on his face revealed that this might be true.

I asked him what he was going to do and he did not answer.

I did not speak to Dr Frishman again.

During my next rotation, which was in the Emergency Department, Dr Frishman began hunting me.

I felt embarrassed by his behaviour but he appeared shameless as he went through files and files of medical notes from patients that I had seen.

At other times he would approach doctors that I worked with inquiring into my practice.

An aura of tension was created as doctors were placed in positions where they had to choose between two sides, the AMA or mine.

One day my consultant Dr Andrew Coley said to me in astonishment *"can you believe what Dr Frishman is doing? Why?"*

I did not answer.

Dr Coley was from the United States and was unfamiliar with the shadiness of our Medical Fraternity.

To reveal the unbelievable truth would only cast a doubt on the truth.  
I was best to keep silent.

I sensed darkness coming closer and as time went by I noticed Dr Frishman looking dishevelled and his face deeply strained with dark circles around his eyes.

It was as if he was behaving against his will.

It was nearly two years since I had worked with Dr Frishman when he gave evidence against me during the District Court Hearing.

I had found myself in a position where I had to legally represent myself and felt nauseated when I was about to cross-examine Dr Frishman.

He stared at me coldly and in control, ready to play the game.

I found that I had to work particularly hard to push the truth to the surface whilst I cross-examined Dr Frishman.

Dr Frishman had made a statement of complaint to the Medical Board 14 months after I had worked with him.

In this statement which was evidence before the Court, Dr. Frishman says:

"On one particular night there was a child who was admitted for a go-lightly washout for constipation, and that's a bowel wash-out that involves putting a nasogastric tube, and it's quite an unpleasant procedure and flushing the bowel out. Because he had been better, I specifically said, He is not to receive a bowel wash-out and when I did the ward round the next day, I found him there with a nasogastric tube in place receiving a go-lightly wash-out".

Dr Frishman had not identified a patient nor did he produce any medical records to support his claim.

Dr Frishman's evidence was uncorroborated hearsay and from a legal perspective had little value.

To recall such a common event 14 months after the incident, without knowing who the patient was and without ones memory prompted by the medical notes cast a doubt on the accuracy of Dr Frishman's recollection even if it was sincere.

Assuming Dr Frishman's recollection was accurate, why then was he so sure that the blame lay with me?

I commonly gave orders to nurses to carry out such tasks, something that Dr Frishman was well aware of.

Nurses were usually present on the ward rounds for the distinct purpose of carrying out such instructions.

No nurse from the paediatric department gave evidence to support Dr Frishman's claim.

Dr Frishman went on to say that because of this event he believed that I suffered shortterm memory problems.

I asked Dr Frishman during the Court hearing *"And from that incident you assumed that your resident had short term memory problems?"*.

He replied *"yes"*.

I then said *"I'd say most people would think of this incident as being just a human error did that come to mind at all?"*.

He replied *"No"*. [TX 162]

The above claim by Dr Frishman was contradicted by the Board's own evidence during the District Court hearing where the Medical Board said,\* *"Ms Tsigounis is an intelligent, articulate young woman who has obviously got an extremely good memory"*. [TX 1236]

Despite the above weaknesses in Dr Frishman's evidence, the Judge found the following:

**Dr Frishman was an impressive witness and I accept what he says Yarra Legal (my lawyers at the time) also submitted (in a conspiratorial sense) that Dr Frishman, the local AMA representative, told the Appellant she had enemies in the AMA, and for this reason Dr Frishman may be biased and otherwise unreliable. I cannot accept this submission.**

Dr Frishman describes his own complaint as, *"these are not life or death things"* (TX166), but His Honour went on to conclude that I had not completed a satisfactory paediatric rotation.

After paediatrics, I began work in the Emergency Department.

I worked in this department from 18 October 2002 to 9 February 2003 {15 weeks} (TX 358).

Dr Hodges concedes that this was so when giving evidence.

In this area of the hospital I worked with numerous doctors but it was Dr

## The red back web

Andrew Coley, an Emergency Medicine Consultant whom Dr Hodges had chosen as my mentor during this period.

The following is a work progress report that was also before the court, dated 20/1/2003 that was forwarded to the Medical Board during this period

Dr HELEN TSIGOUNIS  
WORK PROGRESS REPORT

From 01/12/02 to 31/12/02

**FAXED**  
20.1.03

to be completed and forwarded to the Health Assessment and Monitoring Unit of the Medical Board of Queensland.

REPORT BY: DR BARRY HODGES  
DEPUTY DIRECTOR  
OF MEDICAL SERVICES

POSITION: THE TOWNSVILLE HOSPITAL

NAME OF HOSPITAL: THE TOWNSVILLE HOSPITAL

Please indicate your assessment of Dr Tsigounis's apparent coping and progress, in terms of the following:

|                                   |                                                  |                                         |
|-----------------------------------|--------------------------------------------------|-----------------------------------------|
| Behaviour/Mood                    | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Sick Leave <i>Nil in 6/12</i>     | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Excessive      |
| Punctuality                       | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Time Management                   | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Ability                           | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Responsibility                    | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Interaction with staff & patients | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |

Comments:

APPEARS TO BE FUNCTIONING WELL AT THE LEVEL OF AN  
INTERN. SHE HAS COMPLETED HER 6/12 INTERNSHIP SATISFACTORILY  
AND I WOULD RECOMMEND REGISTRATION.

Please give an indication of Dr Tsigounis's workload, including whether she is required to work on call or night shift.

SHE IS ON THE JUNIOR RMO ROSTER IN THE ED, AS AN INTERN.  
THIS IS A RELATIVELY CONTINUOUS ROSTER, IE MORNING, AFTERNOON AND  
NIGHT SLOTS. ROTAS ARE SUPERVISED CONTINUOUSLY. SHE  
SHOULDERS THE NORMAL WORK-LOAD OF AN INTERN.

Do you have any concerns with Dr Tsigounis's clinical practice? If so, please provide details.

NO.

052  
44



## Dr Helen Tsigounis

Do you Dr Tsigounis's immediate supervisor? If not, please advise the name of Dr Tsigounis's immediate supervisor, his/her position, and details regarding any discussion you may have had with that person regarding Dr Tsigounis.

NO. DR ANDREW COLEY, LOCUM ED CONSULTANT.

HE HAS GIVEN ME A POSITIVE REPORT ON HER PERFORMANCE GENERALLY.

If you are Dr Tsigounis's immediate supervisor, please advise the following:

- (a) How often do you have personal contact with Dr Tsigounis?

☐ Daily ☐ Weekly ☐ Monthly ☐ Other (please provide details)

\_\_\_\_\_  
\_\_\_\_\_

- (b) Have you met with Dr Tsigounis since your last report, to discuss progress and/or any workplace issues?

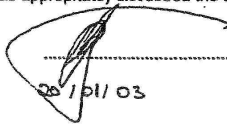
☐ Yes ☐ No

Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have not (circle as appropriate) discussed the above comments with Dr Tsigounis.

Signature:

  
\_\_\_\_\_

Date:

26/01/03

Please return to:

Marlene Paterson  
Health Assessment and Monitoring Unit  
Medical Board of Queensland  
GPO Box 2438  
BRISBANE QLD 4001

FAX: 3247 3267

**A 1333**



## The red back web

Dr Andrew Coley, as well as three other doctors that had supervised me during this period gave me the following assessments that were before the court:

ED

| <b>INTERN ASSESSMENT FORM</b><br>Please complete both sides of this form.                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| This form reflects the objectives of the intern year and is a tool to assess the intern on their professional performance. Guidelines for completing the form are outlined in <i>The Intern Training Manual, Section R, 9.1</i> . Please discuss your assessment with the Intern and forward the completed and signed form to Lynne Raw, Medical Education Officer, Postgraduate Medical Education Unit, by the end of term. Contact Lynne on Ext 1226 with any queries. |                                                              |
| Intern: <u>Helen Tsigounis</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |
| Year 2002 Term <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4                                                                                                                                                                                                                                                                                                                                               | Unit: <u>Emergency Dept.</u>                                 |
| Unit educational coordinator: _____                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |
| Comment on any strengths/weaknesses of the Intern:                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |
| <u>Very thorough, dealt w/ very stressful situations in a calm manner. Great patient skills. Was a pleasure to have in the department.</u>                                                                                                                                                                                                                                                                                                                               |                                                              |
| Has this assessment been discussed with the Intern? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                  |                                                              |
| Person completing this form:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |
| Name (please print): <u>Andrew Coley</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 | Signature: <u>[Signature]</u> Position: <u>EO consultant</u> |
| Signed by Consultant/Dept Head/Unit Educational Coordinator: _____                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |
| Date: <u>16-12-02</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |
| <b>Comments on assessment by Intern</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |
| Completed form signed by Intern: <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |
| Date: <u>16-12-02</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |

20/05/2003 TUE 14:34 FAX

008/022

Comments: but performance grades are based on the recommended level of competence at the end of the term

|   |                                                                              |     |                   |
|---|------------------------------------------------------------------------------|-----|-------------------|
| 1 | Requires substantial assistance - needs extensive supervision and guidance   | 5   | Good              |
| 2 | Requires some assistance - supervision of this skill is needed in most areas | 6   | Very Good         |
| 3 | Not adequate                                                                 | 7   | Exceptional       |
| 4 | Satisfactory                                                                 | N/A | Not applicable    |
|   |                                                                              | U/C | Unable to comment |

PLEASE RATE THE INTERN ON THE FOLLOWING

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A<br>U/C |
|--|---|---|---|---|---|---|---|------------|
|--|---|---|---|---|---|---|---|------------|

### KNOWLEDGE

|                                                                   |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Sound grasp of facts, theories and concepts in clinical settings  |  |  |  |  |  |  |  |  |
| Knowledge of preventative care issues                             |  |  |  |  |  |  |  |  |
| Knowledge of medico-legal principles (including informed consent) |  |  |  |  |  |  |  |  |
| Awareness of administrative aspects of health care                |  |  |  |  |  |  |  |  |
| Awareness of costs of patient management                          |  |  |  |  |  |  |  |  |

### SKILLS

|                                                                                       |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| History taking (nature and implications of symptoms)                                  |  |  |  |  |  |  |  |  |
| Physical examination (nature and implications of signs)                               |  |  |  |  |  |  |  |  |
| Manual dexterity relevant to procedural skills                                        |  |  |  |  |  |  |  |  |
| Differential diagnosis                                                                |  |  |  |  |  |  |  |  |
| Maintaining records and other written communications                                  |  |  |  |  |  |  |  |  |
| Ordering tests and investigations                                                     |  |  |  |  |  |  |  |  |
| Effective prescribing and dosage of medication                                        |  |  |  |  |  |  |  |  |
| Effective communication with patients and their families                              |  |  |  |  |  |  |  |  |
| Outlining to patients the risks, discomfort and inconvenience of the proposed therapy |  |  |  |  |  |  |  |  |
| Taking appropriate health precautions                                                 |  |  |  |  |  |  |  |  |
| Clinical judgement                                                                    |  |  |  |  |  |  |  |  |
| Working as an effective team member                                                   |  |  |  |  |  |  |  |  |

### PROFESSIONAL ATTRIBUTES

|                                                                     |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Awareness of own strengths/limitations and consulting appropriately |  |  |  |  |  |  |  |  |
| A caring and supportive attitude to patients                        |  |  |  |  |  |  |  |  |
| Appreciation of family, social and cultural influences on health    |  |  |  |  |  |  |  |  |
| Application of ethical principles                                   |  |  |  |  |  |  |  |  |
| Enthusiasm and initiative                                           |  |  |  |  |  |  |  |  |
| Reliability, dependability and efficiency                           |  |  |  |  |  |  |  |  |

### COMMENTS

ENJOYED WORKING w/ HELEN. STRONG CLINICAL SKILLS!

### OVERALL PERFORMANCE

(please tick one): ☐ Not up to required standard ☐ Satisfactory ☒ Good to excellent

## INTERN ASSESSMENT FORM

Please complete both sides of this form.

This form reflects the objectives of the intern year and is a tool to assess the interns on their professional performance. Guidelines for completing the form are outlined in *The Intern Training Manual, Section B, 9.1*. Please discuss your assessment with the Intern and forward the completed and signed form to Lynne Raw, Medical Education Officer, Postgraduate Medical Education Unit, by the end of term. Contact Lynne on Ext 1226 with any queries.

Intern: HELEN SIGOURNIS

Year 2002 Term ☐ 1 ☐ 2 ☒ 3 ☐ 4

Unit: EMERGENCY DEPT

Unit educational coordinator:

Comment on any strengths/weaknesses of the Intern:

Exceptionally good and mature in clinical problem solving. Can remember most of the details about patients well. Very good in organising facts and presenting.

Has this assessment been discussed with the Intern?

Yes ☒

No ☐

Person completing this form:

Name (please print): Aruna Munasigh

Signature: [Signature]

Position:

Registrar (Medical)

Signed by Consultant/Dept Head/Unit Educational Coordinator:

Date:

13/12/02

ED

Comments on assessment by Intern

Completed form signed by Intern:

Date:

13/12/02

20/05 2003 TUE 14:32 FAX

004/022

Comments for performance grades are based on the recommended level of competence at the end of the term

|   |                                                                              |     |                   |
|---|------------------------------------------------------------------------------|-----|-------------------|
| 1 | Requires substantial assistance - needs extensive supervision and guidance   | 5   | Good              |
| 2 | Requires some assistance - supervision of this skill is needed in most areas | 6   | Very Good         |
| 3 | Just adequate                                                                | 7   | Exceptional       |
| 4 | Satisfactory                                                                 | N/A | Not applicable    |
|   |                                                                              | U/C | Unable to comment |

PLEASE RATE THE INTERN ON THE FOLLOWING

|                                                                                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A<br>U/C |
|-------------------------------------------------------------------------------------|---|---|---|---|---|---|---|------------|
| <b>KNOWLEDGE</b>                                                                    |   |   |   |   |   |   |   |            |
| Sound grasp of facts, theories and concepts in clinical settings                    |   |   |   |   |   |   |   |            |
| Knowledge of preventative care issues                                               |   |   |   |   |   | ✓ | ✓ |            |
| Knowledge of medico-legal principles (including informed consent)                   |   |   |   |   |   | ✓ |   |            |
| Awareness of administrative aspects of health care                                  |   |   |   |   |   | ✓ |   |            |
| Awareness of costs of patient management                                            |   |   |   |   |   | ✓ |   |            |
| <b>SKILLS</b>                                                                       |   |   |   |   |   |   |   |            |
| History taking (nature and implications of symptoms)                                |   |   |   |   |   | ✓ |   |            |
| Physical examination (nature and implications of signs)                             |   |   |   |   |   |   | ✓ |            |
| Manual dexterity relevant to procedural skills                                      |   |   |   |   |   | ✓ |   |            |
| Differential diagnosis                                                              |   |   |   |   |   | ✓ |   |            |
| Maintaining records and other written communications                                |   |   |   |   |   | ✓ |   |            |
| Ordering tests and investigations                                                   |   |   |   |   |   | ✓ |   |            |
| Effective prescribing and dosage of medication                                      |   |   |   |   |   | ✓ |   |            |
| Effective communication with patients and their families                            |   |   |   |   |   | ✓ |   |            |
| Outlining to patients the risks, discomfort and inconvenience of therapies proposed |   |   |   |   |   | ✓ |   |            |
| Taking appropriate health precautions                                               |   |   |   |   |   | ✓ |   |            |
| Clinical judgement                                                                  |   |   |   |   |   | ✓ | ✓ |            |
| Working as an effective team member                                                 |   |   |   |   |   | ✓ |   |            |
| <b>PROFESSIONAL ATTRIBUTES</b>                                                      |   |   |   |   |   |   |   |            |
| Awareness of own strengths/limitations and consulting appropriately                 |   |   |   |   |   | ✓ |   |            |
| A caring and supportive attitude to patients                                        |   |   |   |   |   | ✓ |   |            |
| Appreciation of family, social and cultural influences on health                    |   |   |   |   |   | ✓ |   |            |
| Application of ethical principles                                                   |   |   |   |   |   | ✓ |   |            |
| Enthusiasm and initiative                                                           |   |   |   |   |   |   | ✓ |            |
| Reliability, dependability and efficiency                                           |   |   |   |   |   |   | ✓ |            |

COMMENTS - Exceptionally good in application of basic principles of medicine in diagnosis. Also, has a very good memory about patients and their problems.

OVERALL PERFORMANCE

(please tick one): ☐ Not up to required standard ☐ Satisfactory ☒ Good to excellent



| INTERN ASSESSMENT FORM                                                                                                                                                                                                                                                                                                                                          |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <p>This form reflects the objectives of the intern year and is a tool to assess the interns on their professional performance. Guidelines for completing the form are outlined in <b>The Intern Training Manual, Section B. 9.1.</b> Please forward completed and signed full-term assessment form to the Director of Clinical Training at the end of term.</p> |                                                       |
| <p>Intern : <u>Helen Tsounis</u></p>                                                                                                                                                                                                                                                                                                                            |                                                       |
| <p>Year 2001 Term <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4</p>                                                                                                                                                                                                                    | <p>Unit : <u>Emergency Medicine</u><br/>=10 weeks</p> |
| <p>Unit educational coordinator :</p>                                                                                                                                                                                                                                                                                                                           |                                                       |
| <p>Is the intern progressing satisfactorily towards full registration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/></p>                                                                                                                                                                               |                                                       |
| <p>Comment on any strengths/weaknesses of the intern :</p> <p><u>pleasant manner toward staff &amp; patients</u><br/><u>possess adequate knowledge base</u><br/><u>for level of experience.</u></p>                                                                                                                                                             |                                                       |
| <p>Has this assessment been discussed with the intern? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>                                                                                                                                                                                                                                  |                                                       |
| <p>Signed by unit educational coordinator : <u>Julia H. Hany</u></p> <p>Date : <u>December 18th 2002</u></p>                                                                                                                                                                                                                                                    |                                                       |
| <p>Comments on assessment by intern</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>                                                                                                                                                                                                                                                                     |                                                       |
| <p>Completed form signed by intern : <u>MJ</u></p> <p>Date : <u>12/12/02</u></p>                                                                                                                                                                                                                                                                                |                                                       |

20/05 2003 10E 14:35 FAX

| Categories for performance grades are based on the recommended level of competence at the end of the term |                                                                              |                       |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------|
| 1.                                                                                                        | Requires substantial assistance - needs extensive supervision and guidance   | 5. Good               |
| 2.                                                                                                        | Requires some assistance - supervision of this skill is needed in most areas | 6. Very Good          |
| 3.                                                                                                        | Just adequate                                                                | 7. Exceptional        |
| 4.                                                                                                        | satisfactory                                                                 | N/A Not applicable    |
|                                                                                                           |                                                                              | U/C Unable to comment |

| PLEASE RATE THE INTERN ON THE FOLLOWING                                             | 1 | 2 | 3 | 4   | 5 | 6 | 7 | N/A<br>U/C |
|-------------------------------------------------------------------------------------|---|---|---|-----|---|---|---|------------|
| <b>KNOWLEDGE</b>                                                                    |   |   |   |     |   |   |   |            |
| Sound grasp of facts, theories and concepts in clinical settings                    |   |   |   | N/A |   |   |   |            |
| Knowledge of preventative care issues                                               |   |   |   | N/A |   |   |   |            |
| Knowledge of medico-legal principles (including informed consent)                   |   |   |   | N/A |   |   |   |            |
| Awareness of administrative aspects of health care                                  |   |   |   | N/A |   |   |   |            |
| Awareness of costs of patient management                                            |   |   |   | N/A |   |   |   |            |
| <b>SKILLS</b>                                                                       |   |   |   |     |   |   |   |            |
| History taking (nature and implications of symptoms)                                |   |   |   |     | ✓ |   |   |            |
| Physical examination (nature and implications of signs)                             |   |   |   |     | ✓ |   |   |            |
| Manual dexterity relevant to procedural skills                                      |   |   |   |     | ✓ |   |   |            |
| Differential diagnosis                                                              |   |   |   |     | ✓ |   |   |            |
| Maintaining records and other written communications                                |   |   |   |     | ✓ |   |   |            |
| Ordering tests and investigations                                                   |   |   |   |     | ✓ |   |   |            |
| Effective prescribing and dosage of medication                                      |   |   |   |     | ✓ |   |   |            |
| Effective communication with patients and their families                            |   |   |   |     | ✓ |   |   |            |
| Outlining to patients the risks, discomfort and inconvenience of therapies proposed |   |   |   |     | ✓ |   |   |            |
| Taking appropriate health precautions                                               |   |   |   |     | ✓ |   |   |            |
| Clinical judgement                                                                  |   |   |   |     | ✓ |   |   |            |
| Working as an effective team member                                                 |   |   |   |     | ✓ |   |   |            |
| <b>PROFESSIONAL ATTRIBUTES</b>                                                      |   |   |   |     |   |   |   |            |
| Awareness of own strengths/limitations and consulting appropriately                 |   |   |   |     | ✓ |   |   |            |
| A caring and supportive attitude to patients                                        |   |   |   |     | ✓ |   |   |            |
| Appreciation of family, social and cultural influences on health                    |   |   |   |     | ✓ |   |   |            |
| Application of ethical principles                                                   |   |   |   |     | ✓ |   |   |            |
| Enthusiasm and initiative                                                           |   |   |   |     | ✓ |   |   |            |
| Reliability, dependability and efficiency                                           |   |   |   |     | ✓ |   |   |            |

COMMENTS - This med's board adequate performance for level of training, improved during Rotation.

OVERALL PERFORMANCE

(please tick one): ☐ Not up to required standard ☒ Satisfactory ☐ Good to excellent

(1)

## INTERN ASSESSMENT FORM

Please complete both sides of this form.

This form reflects the objectives of the intern year and is a tool to assess the intern on their professional performance. Guidelines for completing the form are outlined in *The Intern Training Manual, Section R, 9.1.*  
 Please discuss your assessment with the Intern and forward the completed and signed form to Lynne Raw, Medical Education Officer, Postgraduate Medical Education Unit, by the end of term. Contact Lynne on Ext 1226 with any queries.

Intern: Helen Tsigonis

Year 2002 Term ☐ 1 ☐ 2 ☐ 3 ☒ 4 Unit: EMERGENCY DEPARTMENT

Unit educational coordinator: \_\_\_\_\_

Comment on any strengths/weaknesses of the Intern:

Efficient use of time & is keen to ask lots of questions.  
likes to understand processes and have reasons for doing  
what we do. Confident to impart learned  
skills to medical students

Has this assessment been discussed with the Intern? Yes ☐ No ☐

Person completing this form:

Name (please print): JIM HOLLAND Signature: [Signature] Position: REGISTRAR ED

Signed by Consultant/Depr Head/Unit Educational Coordinator: [Signature]

Date: 18/12/02

Comments on assessment by Intern

Completed form signed by Intern: [Signature]

Date: 18-12-02

Grades and performance grades are based on the recommended level of competence at the end of the term

|   |                                                                              |     |                   |
|---|------------------------------------------------------------------------------|-----|-------------------|
| 1 | Requires substantial assistance - needs extensive supervision and guidance   | 5   | Good              |
| 2 | Requires some assistance - supervision of this skill is needed in most areas | 6   | Very Good         |
| 3 | Not adequate                                                                 | 7   | Exceptional       |
| 4 | Satisfactory                                                                 | N/A | Not applicable    |
|   |                                                                              | U/C | Unable to comment |

PLEASE RATE THE INTERN ON THE FOLLOWING

|                                                                                        | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A<br>U/C |
|----------------------------------------------------------------------------------------|---|---|---|---|---|---|---|------------|
| <b>KNOWLEDGE</b>                                                                       |   |   |   |   |   |   |   |            |
| Sound grasp of facts, theories and concepts in clinical settings                       |   |   |   |   | ✓ |   |   |            |
| Knowledge of preventative care issues                                                  |   |   |   |   |   |   |   |            |
| Knowledge of medico-legal principles (including informed consent)                      |   |   |   | ✓ |   |   |   |            |
| Awareness of administrative aspects of health care                                     |   |   |   | ✓ |   |   |   |            |
| Awareness of costs of patient management                                               |   |   |   | ✓ |   |   |   |            |
| <b>SKILLS</b>                                                                          |   |   |   |   |   |   |   |            |
| History taking (nature and implications of symptoms)                                   |   |   |   |   |   | ✓ |   |            |
| Physical examination (nature and implications of signs)                                |   |   |   |   |   | ✓ |   |            |
| Manual dexterity relevant to procedural skills                                         |   |   |   |   |   | ✓ |   |            |
| Differential diagnosis                                                                 |   |   |   |   |   | ✓ |   |            |
| Maintaining records and other written communications                                   |   |   |   |   |   | ✓ |   |            |
| Ordering tests and investigations                                                      |   |   |   |   |   | ✓ |   |            |
| Effective prescribing and dosage of medication                                         |   |   |   | ✓ | ✓ |   |   |            |
| Effective communication with patients and their families                               |   |   |   |   |   | ✓ |   |            |
| Outlining to patients the risks, discomfort and inconvenience of therapeutic treatment |   |   |   | ✓ |   | ✓ |   |            |
| Taking appropriate health precautions                                                  |   |   |   | ✓ |   |   |   |            |
| Clinical judgement                                                                     |   |   |   |   |   | ✓ |   |            |
| Working as an effective team member                                                    |   |   |   |   |   | ✓ |   |            |
| <b>PROFESSIONAL ATTRIBUTES</b>                                                         |   |   |   |   |   |   |   |            |
| Awareness of own strengths/limitations and consulting appropriately                    |   |   |   |   |   | ✓ |   |            |
| A caring and supportive attitude to patients                                           |   |   |   |   |   | ✓ |   |            |
| Appreciation of family, social and cultural influences on health                       |   |   |   |   |   | ✓ |   |            |
| Application of ethical principles                                                      |   |   |   |   |   | ✓ |   |            |
| Enthusiasm and initiative                                                              |   |   |   |   |   | ✓ |   |            |
| Reliability, dependability and efficiency                                              |   |   |   |   |   | ✓ |   |            |

COMMENTS

Overall, a commendable performance, especially on nightshift when more time is spent working independently.

OVERALL PERFORMANCE

(please tick one): ☐ Not up to required standard ☐ Satisfactory ☒ Good to excellent



After the first 10 weeks of work in the Emergency Department The hospital promoted me from Intern to RMO (Resident Medical Officer) or a doctor that has completed the internship requirements, also known as a second and third year resident.

This is clear from a document that was subpoenaed from the Townsville Hospital and tendered before the court as Exhibit 43.

This promotion is supported by Dr Ashley's court evidence where she states\* *"Helen is currently on her second rotation through the emergency department, first as an intern and now as an RMO. She has improved over her sojourn in the ED"*.

Dr Hodges whilst giving evidence claims poor recollection in relation to a promotion despite conceding that the hospital records reveals that a promotion took place.

This promotion reveals that after the initial 6 months of internship training, the hospital's opinion was that I had successfully completed the internship requirements, an opinion that was at odds with the Board's position.

Dr Hodges also omits from his Affidavit the following vital letter that he had forwarded to the Board during this period.

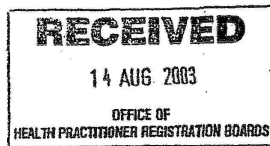
This letter made it as evidence before the court and is as follows;

TOWNSVILLE HEALTH SERVICE DISTRICT



Queensland  
Government

Queensland Health



Enquiries to: Medical  
Administration  
Telephone: 07 4796 1059  
Facsimile: 07 4796 1051  
File Number:  
Our Ref: 3H:mp  
Your Ref:

**TO WHOM IT MAY CONCERN**

Dr Tsigounis was employed as an Intern at The Townsville Hospital from 11 June 2002 for the remainder of the 2002 medical year which concluded on 12 January 2003. She has been offered, and accepted, re-appointment for the 2003 medical year.

The terms she completed are as per the copy of the Internship report attached.

Dr Tsigounis's performance has been considered satisfactory in all respects. Copies of her term reports are available on request.

Yours sincerely

**Dr Barry Hodges**  
**Deputy Director of Medical Services**  
The Townsville Hospital  
29 January 2003

|                                       |                   |              |              |
|---------------------------------------|-------------------|--------------|--------------|
| Office                                | Postal            | Telephone    | Facsimile    |
| Deputy Director of Medical Services   | PO Box 670        | 07 4796 1059 | 07 4796 1051 |
| The Townsville Hospital               | Townsville Q 4810 |              |              |
| 100 Angus Smith Drive, Douglas Q 4811 |                   |              |              |

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## Zhang, Wang, and Li

Hospital: ..TOWNSEND..

Date of Completion: 12/21/05

Those three columns to be completed by the Director of Civil Training at end of survey.

Director of Clinical Trials

$$\begin{array}{r} 19 \overline{) 1202} \\ \underline{190} \phantom{2} \\ 302 \\ \underline{285} \\ 17 \end{array}$$

When referring to this document during his cross-examination Dr. Hodges states. *"I could see no reason why you wouldn't get your registration."* (TX 511).

The Board rejected my December 2003 application that I had completed Internship requirements. They gave as reason that I had not completed a surgical term and that Emergency Medicine could not be substituted for Surgery.

This had surprised Dr Hodges who said during the Court Hearing, *"The Medical Board in the past was prepared to accept emergency medicine as either medicine or surgery"* (TX 504).

*"And this was not a problem with the medical Board for other interns".*

I asked Dr Hodges during the court hearing if he remembered a meeting that had taken place between myself and him during this period where I had asked him if my work in Emergency could be substituted for surgery where he replies before the court *"I recall that. Yes. My response was that emergency medicine could be counted as surgery"* (TX 504).

In January of 2004, the Board issued a second Information Notice extending my internship requirements for another 12 weeks in the discipline of surgery.

This notice was as follows:

*Medical Practitioners Registration Act 2001*  
Sections 94

**INFORMATION NOTICE**

**DECISION TO EXTEND PROBATIONARY CONDITIONS ON A  
GENERAL REGISTRATION**

**TO:** Helen Tsigounis  
34 Inkerman Street  
ST KILDA VIC 3182

**DECISION AND REASONS**

The Medical Board of Queensland at its meeting on 14 January 2003 decided to extend the probationary conditions of your registration for a further period of three months. During the extended period of the probationary conditions of your registration you must complete a full term in a surgical discipline.

The reasons for these decisions are:

- Following consideration of the internship report from The Townsville Hospital regarding the internship undertaken by you, the Board is not satisfied that the required period of 12 weeks in surgery, as stated in the information notice on 21 June 2002, has been completed.
- The Board considers you will satisfactorily complete the internship during the extended period conditions.

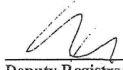
**APPEAL RIGHTS AND PROCESS**

Pursuant to Part 7 of the *Medical Practitioners Registration Act 2001*, you may appeal against this decision to the District Court. The *Uniform Civil Procedures Rules 1999* contains provisions about appeals to the District Court.

Section 238 of the Act provides the following information on starting appeals:

- (1) The appeal may be started at-
  - (a) the District Court at the place where you reside or carry on business; or
  - (b) the District Court at Brisbane.
- (2) Subsection (1) above does not limit the District Court at which the appeal may be started under the *Uniform Civil Procedures Rules 1999*.
- (3) The notice of appeal under the *Uniform Civil Procedures Rules 1999* must be filed with the registrar of the court within 28 days after you have been given this notice.
- (4) The court may, at any time, extend the period for filing the notice of appeal.

DATED this 28th day of January 2003

  
\_\_\_\_\_  
Deputy Registrar  
Medical Board of Queensland

In compliance with these requests the Hospital placed me in the Surgery Department. By mid April of 2003 I had completed the Board's requirements and obtained the following references which were forwarded to the Medical Board together with a new application.

These references were belong the court and are as follows;

Gump

## INTERN ASSESSMENT FORM

This form reflects the objectives of the intern year and is a tool to assess the interns on their professional performance. Guidelines for completing the form are outlined in The Interns Training Manual, Section B. 9.1. Please forward completed and signed full-term assessment form to the Director of Clinical Training at the end of term.

Intern: Helen Tsigounis

Year and Term: 1 2 3 4 Unit: ENT - Surgery

Unit educational coordinator:

Is the intern progressing satisfactorily towards full registration? Yes ☒ No ☐ Uncertain ☐

Comment on any strengths/weaknesses of the intern:

improved in her job in ENT department  
good communicator  
adequate knowledge

Has a assessment been discussed with the intern? Yes ☒ No ☐

Signed by unit educational coordinator: Helen Tsigounis  
 Date: 06/03/03

Comments on assessment by intern:

Completed form signed by intern: Helen Tsigounis  
 Date: 6/3/03

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ST KILDA SIA P.O. FAX NO. 61 3 92951623 61 3 92951623

16-MAY-03 FRI 14:56

St KILDA Stn P.O.

FAX NO. 61 3 92951623

P. 18  
18

Categories for performance grades are based on the recommended level of competence at the end of the term

- |                                                                                 |                       |
|---------------------------------------------------------------------------------|-----------------------|
| 1. Requires substantial assistance - needs extensive supervision and guidance   | 5. Good               |
| 2. Requires some assistance - supervision of this skill is needed in most areas | 6. Very Good          |
| 3. Just adequate                                                                | 7. Exceptional        |
| 4. satisfactory                                                                 | N/A Not applicable    |
|                                                                                 | U/C Unable to comment |

| PLEASE RATE THE INTERN ON THE FOLLOWING                                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A<br>U/C |
|-------------------------------------------------------------------------------------|---|---|---|---|---|---|---|------------|
| <b>KNOWLEDGE</b>                                                                    |   |   |   |   |   |   |   |            |
| Sound grasp of facts, theories and concepts in clinical settings                    |   |   |   |   | ✓ |   |   |            |
| Knowledge of preventative care issues                                               |   |   |   |   | ✓ |   |   |            |
| Knowledge of medico-legal principles (including informed consent)                   |   |   |   |   | ✓ |   |   |            |
| Awareness of administrative aspects of health care                                  |   |   |   |   | ✓ |   |   |            |
| Awareness of costs of patient management                                            |   |   |   |   |   |   |   |            |
| <b>SKILLS</b>                                                                       |   |   |   |   |   |   |   |            |
| History taking (nature and implications of symptoms)                                |   |   |   |   |   | ✓ |   |            |
| Physical examination (nature and implications of signs)                             |   |   |   |   |   | ✓ |   |            |
| Manual dexterity relevant to procedural skills                                      |   |   |   |   |   | ✓ |   |            |
| Differential diagnosis                                                              |   |   |   |   |   | ✓ |   |            |
| Maintaining records and other written communications                                |   |   |   |   |   | ✓ |   |            |
| Ordering tests and investigations                                                   |   |   |   |   |   | ✓ |   |            |
| Effective prescribing and dosage of medication                                      |   |   |   |   |   | ✓ |   |            |
| Effective communication with patients and their families                            |   |   |   |   |   | ✓ |   |            |
| Outlining to patients the risks, discomfort and inconvenience of therapies proposed |   |   |   |   |   | ✓ |   |            |
| Taking appropriate health precautions                                               |   |   |   |   |   | ✓ |   |            |
| Clinical judgement                                                                  |   |   |   |   |   | ✓ |   |            |
| Working as an effective team member                                                 |   |   |   |   |   | ✓ |   |            |
| <b>PROFESSIONAL ATTRIBUTES</b>                                                      |   |   |   |   |   |   |   |            |
| Awareness of own strengths/limitations and consulting appropriately                 |   |   |   |   |   | ✓ |   |            |
| A caring and supportive attitude to patients                                        |   |   |   |   |   | ✓ |   |            |
| Appreciation of family, social and cultural influences on health                    |   |   |   |   |   | ✓ |   |            |
| Application of ethical principles                                                   |   |   |   |   |   | ✓ |   |            |
| Enthusiasm and initiative                                                           |   |   |   |   |   | ✓ |   |            |
| Reliability, dependability and efficiency                                           |   |   |   |   |   | ✓ |   |            |

COMMENTS - Helen is v. enthusiastic about her job and always shows interest in knowing more.

OVERALL PERFORMANCE

(please tick one): ☐ Not up to required standard ☐ Satisfactory ☒ Good to excellent

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16-MAY-03 FRI 14:41

ST KILDA Stn P.O.

FAX NO. 61 3 92951623

P. 8

*Sing*

**TOWNSVILLE GENERAL  
HOSPITAL**

**RESIDENT MEDICAL OFFICERS  
ASSESSMENT FORM**

NAME : *Helen Tsigounis*STATUS : ☒ JHO ☐ SHO ☐ PHO/REG

YEAR 2003 TERM

☒ 1☐ 2☐ 3☐ 4

UNIT:

*General Internal / V*  
*31/3/03 → 11/4/03*

| CLINICAL SKILLS                                                                                  |   |   |   |   |   |   |   |     |  |
|--------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|-----|--|
| History taking, Examination, Management Plans, Use of Investigations, Procedural Skills.         | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |  |
| RECORD KEEPING                                                                                   |   |   |   |   |   |   |   |     |  |
| Admissions, Continuation Notes, Discharge Summaries - Content, Legibility, Timeliness            | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |  |
| RELATIONSHIPS WITH OTHERS                                                                        |   |   |   |   |   |   |   |     |  |
| Patients, Relatives, Supervisors and other Staff                                                 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |  |
| PERSONAL SKILLS                                                                                  |   |   |   |   |   |   |   |     |  |
| Reliability, Punctuality, Use of appropriate Initiative, Enthusiasm                              | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |  |
| TEACHING & ACADEMIC KNOWLEDGE                                                                    |   |   |   |   |   |   |   |     |  |
| Core Knowledge, Self-oriented Learning, teaching Session Participation, Teaching of Other Staff. | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |  |
| OVERALL TERM PERFORMANCE                                                                         |   |   |   |   |   |   |   |     |  |
|                                                                                                  |   | ✓ |   |   |   |   |   |     |  |

**PLEASE TICK SELECTED RESPONSE**

Categories for performance grades are based on the recommended level of competence at the end of the term.

|     |   |                                          |
|-----|---|------------------------------------------|
| 7   | = | Outstanding performance                  |
| 6   | = | Very good performance                    |
| 3-5 | = | Average performance                      |
| 2   | = | Poor performance                         |
| 1   | = | Unsatisfactory performance               |
| N/A | = | Sufficient exposure to adequately assess |

PLEASE COMPLETE REVERSE SIDE...

109



16-MAY-03 FRI 14:43      St KILDA Stn P.O.      FAX NO. 61 3 92951623      P. 9

**ASSESSORS COMMENTS :**

*Highly Endorsed resident*

**ASSESSOR'S NAME :** *Cu Tai W.*  
(Block letters please)

Signature : *[Signature]*

Date : *17/4/03*

**RESIDENT MEDICAL OFFICER'S COMMENTS :**

I have had this assessment discussed with me, by Dr *Cu Tai*

*[Signature]*  
(Signature)

Dr Helen Tsigounis

16-MAY-03 FRI 14:44

ST KILDA Stn P.O.

FAX NO. 61 3 92951623

P. 11

## INTERN ASSESSMENT FORM

This form reflects the objectives of the intern year and is a tool to assess the interns on their professional performance. Guidelines for completing the form are outlined in The Intern Training Manual, Section B. 9.1. Please forward completed and signed full-term assessment form to the Director of Clinical Training at the end of term.

Intern: Helen Tsigounis

Year 2001 Term ☐ 1 ☐ 2 ☐ 3 ☒ 4 Unit: Orthopedics (Hkks)

Unit educational coordinator: Kenneth Hoegedal

Is the intern progressing satisfactorily towards full registration? Yes ☒ No ☐ Uncertain ☐

Comment on any strengths/weaknesses of the intern:

Hardworking, competent intern

Has this assessment been discussed with the intern? Yes ☒ No ☐

Signed by unit educational coordinator: Kenneth Hoegedal

Date: 28/5/03

Comments on assessment by intern

Completed form signed by intern:

Date:

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Criteria for performance grades are based on the recommended level of competence at the end of the term

|                                                                                 |                       |
|---------------------------------------------------------------------------------|-----------------------|
| 1. Requires substantial assistance - needs extensive supervision and guidance   | 5. Good               |
| 2. Requires some assistance - supervision of this skill is needed in most areas | 6. Very Good          |
| 3. Just adequate                                                                | 7. Exceptional        |
| 4. Satisfactory                                                                 | N/A Not applicable    |
|                                                                                 | U/C Unable to comment |

PLEASE RATE THE INTERN ON THE FOLLOWING

|                                                                                                                                                                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A<br>U/C |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|------------|
| <b>KNOWLEDGE</b>                                                                                                                                                    |   |   |   |   |   |   |   |            |
| Sound grasp of facts, theories and concepts in clinical settings                                                                                                    |   |   |   |   |   |   |   |            |
| Knowledge of preventative care issues                                                                                                                               |   |   |   |   |   |   |   |            |
| Knowledge of medico-legal principles (including informed consent)                                                                                                   |   |   |   |   |   |   |   |            |
| Awareness of administrative aspects of health care                                                                                                                  |   |   |   |   |   |   |   |            |
| Awareness of costs of patient management                                                                                                                            |   |   |   |   |   |   |   |            |
| <b>SKILLS</b>                                                                                                                                                       |   |   |   |   |   |   |   |            |
| History taking (nature and implications of symptoms)                                                                                                                |   |   |   |   |   |   |   |            |
| Physical examination (nature and implications of signs)                                                                                                             |   |   |   |   |   |   |   |            |
| Manual dexterity relevant to procedural skills                                                                                                                      |   |   |   |   |   |   |   |            |
| Differential diagnosis                                                                                                                                              |   |   |   |   |   |   |   |            |
| Maintaining records and other written communications                                                                                                                |   |   |   |   |   |   |   |            |
| Ordering tests and investigations                                                                                                                                   |   |   |   |   |   |   |   |            |
| Effective prescribing and dosage of medication                                                                                                                      |   |   |   |   |   |   |   |            |
| Effective communication with patients and their families                                                                                                            |   |   |   |   |   |   |   |            |
| Outlining to patients the risks, discomfort and inconvenience of therapies proposed                                                                                 |   |   |   |   |   |   |   |            |
| Taking appropriate health precautions                                                                                                                               |   |   |   |   |   |   |   |            |
| Clinical judgement                                                                                                                                                  |   |   |   |   |   |   |   |            |
| Working as an effective team member                                                                                                                                 |   |   |   |   |   |   |   |            |
| <b>PROFESSIONAL ATTRIBUTES</b>                                                                                                                                      |   |   |   |   |   |   |   |            |
| Awareness of own strengths/limitations and consulting appropriately                                                                                                 |   |   |   |   |   |   |   |            |
| A caring and supportive attitude to patients                                                                                                                        |   |   |   |   |   |   |   |            |
| Appreciation of family, social and cultural influences on health                                                                                                    |   |   |   |   |   |   |   |            |
| Application of ethical principles                                                                                                                                   |   |   |   |   |   |   |   |            |
| Enthusiasm and initiative                                                                                                                                           |   |   |   |   |   |   |   |            |
| Reliability, dependability and efficiency                                                                                                                           |   |   |   |   |   |   |   |            |
| COMMENTS - <u>will do well</u>                                                                                                                                      |   |   |   |   |   |   |   |            |
| OVERALL PERFORMANCE                                                                                                                                                 |   |   |   |   |   |   |   |            |
| (please tick one): <input type="checkbox"/> Not up to required standard <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Good to excellent |   |   |   |   |   |   |   |            |

*Surf*

## INTERN ASSESSMENT FORM

This form reflects the objectives of the intern year and is a tool to assess the interns on their professional performance. Guidelines for completing the form are outlined in *The Intern Training Manual*, Section B, 9.1. Please forward completed and signed full-term assessment form to the Director of Clinical Training at the end of term.

**Intern:**

Year 2001 Term ☐ 1 ☐ 2 ☐ 3 ☒ 4 Unit: *Vascular surgery (2 weeks) 2012*

Unit educational coordinator:

Is the intern progressing satisfactorily towards full registration? Yes ☒ No ☐ Uncertain ☐

Comment on any strengths/weaknesses of the intern:

*Having spent only two weeks in Vascular surgery it may be unfair to properly assess Helen's interest and performance in Surgery in general. By the time her assignment was ending she was clearly able to handle her duties and carry her responsibilities as required.*

Has this assessment been discussed with the intern? Yes ☐ No ☒

Signed by unit educational coordinator: *Reena*

Date: *17-12-02 Dr. RAAD AHMED*

Comments on assessment by intern:

Completed form signed by intern: *H* *17/12/02*

Date:



Categories for performance grades are based on the recommended level of competence at the end of the term

- |                                                                                 |                       |
|---------------------------------------------------------------------------------|-----------------------|
| 1. Requires substantial assistance - needs extensive supervision and guidance   | 5. Good               |
| 2. Requires some assistance - supervision of this skill is needed in most areas | 6. Very Good          |
| 3. Just adequate                                                                | 7. Exceptional        |
| 4. Satisfactory                                                                 | N/A Not applicable    |
|                                                                                 | U/C Unable to comment |

| PLEASE RATE THE INTERN ON THE FOLLOWING                                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A<br>U/C |
|-------------------------------------------------------------------------------------|---|---|---|---|---|---|---|------------|
| <b>KNOWLEDGE</b>                                                                    |   |   |   |   |   |   |   |            |
| Sound grasp of facts, theories and concepts in clinical settings                    |   |   |   | ✓ |   |   |   |            |
| Knowledge of preventative care issues                                               |   |   |   | ✓ |   |   |   |            |
| Knowledge of medico-legal principles (including informed consent)                   |   |   |   | ✓ |   |   |   |            |
| Awareness of administrative aspects of health care                                  |   |   |   | ✓ |   |   |   |            |
| Awareness of costs of patient management                                            |   |   |   | ✓ |   |   |   |            |
| <b>SKILLS</b>                                                                       |   |   |   |   |   |   |   |            |
| History taking (nature and implications of symptoms)                                |   |   |   | ✓ |   |   |   |            |
| Physical examination (nature and implications of signs)                             |   |   |   | ✓ |   |   |   |            |
| Manual dexterity relevant to procedural skills                                      |   |   |   | ✓ |   |   |   |            |
| Differential diagnosis                                                              |   |   |   | ✓ |   |   |   |            |
| Maintaining records and other written communications                                |   |   |   | ✓ |   |   |   |            |
| Ordering tests and investigations                                                   |   |   |   | ✓ |   |   |   |            |
| Effective prescribing and dosage of medication                                      |   |   |   | ✓ |   |   |   |            |
| Effective communication with patients and their families                            |   |   |   | ✓ |   |   |   |            |
| Outlining to patients the risks, discomfort and inconvenience of therapies proposed |   |   |   | ✓ |   |   |   |            |
| Taking appropriate health precautions                                               |   |   |   | ✓ |   |   |   |            |
| Clinical judgement                                                                  |   |   |   | ✓ |   |   |   |            |
| Working as an effective team member                                                 |   |   |   | ✓ |   |   |   |            |
| <b>PROFESSIONAL ATTRIBUTES</b>                                                      |   |   |   |   |   |   |   |            |
| Awareness of own strengths/limitations and consulting appropriately                 |   |   |   | ✓ |   |   |   |            |
| A caring and supportive attitude to patients                                        |   |   |   | ✓ |   |   |   |            |
| Appreciation of family, social and cultural influences on health                    |   |   |   | ✓ |   |   |   |            |
| Application of ethical principles                                                   |   |   |   | ✓ |   |   |   |            |
| Enthusiasm and initiative                                                           |   |   |   | ✓ |   |   |   |            |
| Reliability, dependability and efficiency                                           |   |   |   | ✓ |   |   |   |            |

#### COMMENTS

Helen spent only two weeks (total) in the sub-specialty of Vascular Surgery. This is not quite enough to make a fair judgement of her general/surgical skills in general. She was however quite keen on learning, which is a bonus for her future career.

#### OVERALL PERFORMANCE

(please tick one): ☐ Not up to required standard ☒ Satisfactory ☐ Good to excellent

Dr Helen Tsigounis

Also, two further Work Progress Reports were forwarded to the Board by the hospital during this period.

ATTACHMENT NO 99 103  
17/08/03 47000051 Date: 24/08/03 05:10 PM W2

REPORT TO: DR HELEN TSIGOUNIS  
WORK PROGRESS REPORT  
From 01/01/03 to 28/02/03

To be completed and forwarded to the Health Assessment and Monitoring Unit of the Medical Board of Queensland.

REPORT BY: DR BARRY HODGES  
POSITION: DEPUTY DIRECTOR OF MEDICAL SERVICES  
NAME OF HOSPITAL: THE TOWNSVILLE HOSPITAL

Please indicate your assessment of Dr Tsigounis's apparent coping and progress, in terms of the following:

|                                   |                                                  |                                         |
|-----------------------------------|--------------------------------------------------|-----------------------------------------|
| Behaviour/Mood                    | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Self-care                         | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Excessive      |
| Reliability                       | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Time management                   | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Ability                           | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Responsibility                    | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Interaction with staff & patients | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |

Comments:

Please give an indication of Dr Tsigounis's workload, including whether she is required to work on call or not.

During the past 12 months Dr Tsigounis has been restricted to surgical work, and has been called (on-call) and on duty at night. She has performed these duties satisfactorily, coping with the workload and the expectations of her patients.

Do you have any concerns with Dr Tsigounis's clinical practice? If so, please outline details.

Satisfactory performance

Page

A 1727

47961031 47561051

Mar. 14 2003 05:17PM P3

Are you Dr Tsigounis's immediate supervisor? If not, please advise the name of Dr Tsigounis's immediate supervisor, his/her position, and details regarding any discussion you may have had with that person regarding Dr Tsigounis.

*I have taken the role of supervising her for the period 13/01/03 to now because of the nature of the term I have restricted her to surgical relieving in which she rotates from unit to unit providing holiday and other relief & communicates regularly with the registrars to whom she is responsible*

If you are Dr Tsigounis's immediate supervisor, please advise the following:

- (a) How often do you have personal contact with Dr Tsigounis?
- ☐ Daily ☒ Weekly ☐ Monthly ☐ Other (please provide details)

- (b) Have you met with Dr Tsigounis since your last report, to discuss progress and/or any workplace issues?

☒ Yes ☐ No

Details:

*regular meetings as per (a) above*

Have you not (circle as appropriate) discussed the above comments with Dr Tsigounis.

Signature:

Date:

*14/03/03*

Please return to:

Julene Peterson  
Health Assessment and Monitoring Unit  
Medical Board of Queensland  
GPO Box 2438  
BRISBANE QLD 4001

PAX 3247 3257

Dr Helen Tsigounis

Dr HELEN TSIGOUNIS  
WORK PROGRESS REPORT

From 01/03/03 to 31/03/03

To be completed and forwarded to the Health Assessment and Monitoring Unit of the Medical Board of Queensland.

REPORT BY: ASSOC/PROF. PETER KEARY  
POSITION: Director of Clinical Training

NAME OF HOSPITAL:

THE TOWNSVILLE HOSPITAL

Please indicate your assessment of Dr Tsigounis's apparent coping and progress, in terms of the following:

|                                              |                                                  |                                         |
|----------------------------------------------|--------------------------------------------------|-----------------------------------------|
| <u>Behaviour/Mood</u>                        | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| <u>Sick Leave</u>                            | <input type="checkbox"/> Satisfactory            | <input type="checkbox"/> Excessive      |
| <u>Punctuality</u>                           | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| <u>Time Management</u>                       | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| <u>Ability</u>                               | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| <u>Responsibility</u>                        | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| <u>Interaction with staff &amp; patients</u> | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |

Comments:

Comments from surgical  
supervisors suggest need for  
improvement but not considered  
she should fail.

Please give an indication of Dr Tsigounis's workload, including whether she is required to work on call or night shift.

All surgical work loads in TTH  
are heavy. Do have some night  
and W/F work.

Do you have any concerns with Dr Tsigounis's clinical practice? If so, please provide details.

There have been some concerns. (See  
enclosed complaint and my reply).  
All formal term assessments have been  
satisfactory

Page 1

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2.28

A 1319



The red back web

Are you Dr Tsigounis's immediate supervisor? If not, please advise the name of Dr Tsigounis's immediate supervisor, his/her position, and details regarding any discussion you may have had with that person regarding Dr Tsigounis.

Q CT only. Frequent ward  
of mouth reports which suggest some  
shortcomings clinically. There have  
not been substantiated in writing.

If you are Dr Tsigounis's immediate supervisor, please advise the following:

- (a) How often do you have personal contact with Dr Tsigounis?  
☐ Daily ☐ Weekly ☒ Monthly ☐ Other (please provide details)

Have made contact with  
various Clinical Supervisors and  
nursing staff

- (b) Have you met with Dr Tsigounis since your last report, to discuss progress and/or any workplace issues?

☐ Yes ☒ No

Details: I have been asked to do  
this report because R. Hedges  
is on leave. I intend to interview  
in the next week.

I have (have not) (circle as appropriate) discussed the above comments with Dr Tsigounis.

Signature: 

Date: 4/1/03

Please return to:

Mariene Peterson  
Health Assessment and Monitoring Unit  
Medical Board of Queensland  
GPO Box 2438  
BRISBANE QLD 4001

FAX: 3247 3267

During my final weeks as an Intern, Dr Frishman was hovering around me maddently. His eyes looked wild, like an angry beast as he searched desperately for anything he could use against me.

He was losing the battle as my supervisors had all assessed me with very good reports.

Vicious rumours circulated about me and as I raced out one day for a quick cigarette to calm my nerves, I saw Dr Hodges puffing away frantically in a corner of the court yard.

His bright blue eyes looked tired as he gestured that I join him.

As I approached him I noticed that he looked worried.

He told me he knew of Dr Frishman's behaviour and that I should just ignore him. He added, *"Dr Frishman is not a very nice person"*.

Dr Hodges told me he was the subject of pressures *"from above"* but he would not do anything to obstruct me from gaining the registration that I deserved.

He added that he was to resign from his position at the hospital as he was a reformed alcoholic and could not cope with this form of stress.

He said he was to go into general practice.

I puffed away at my cigarette wondering what this would mean for me.

After surgery, the hospital offered me re employment for another year as an RMO.

Once again, in doing so, the hospital assumed that my second application to the Board claiming that I had satisfactorily completed internship requirements would succeed.

I began work in Cardiology as a second year resident and after 2 weeks I decided to resign from the hospital and return to my family in Melbourne.

There were unexplained delays by the medical board in processing my second application.

I phoned the Medical Board myself and was told that the delays were because of a complaint that had come forth from the Emergency Department.

I phoned Dr Keary who said he was unaware of any complaint but told me that Dr Shamilla Balanathan; one of two registrars in the "Vascular and ENT" Surgical Unit was as yet to complete a formal assessment.

I thought it odd that this was the case as I had already obtained a report from a supervising registrar for my work in that unit..

## The red back web

Dr Keary himself said during the Court Hearing *"The normal course of events is to obtain one report for each term by the person supervising"*.

In relation to the surgical internship reports that I had obtained, Dr Keary says, *"That seems to have covered all the surgical units. Nobody's saying that you didn't obtain enough reports, quite the opposite. [TX 567]."*

Why then was the hospital trying to obtain another report from Dr Shamilla Balanathan months after I had worked with her and months after I had resigned from the hospital?

From Melbourne, I wrote a letter to the Head of the Emergency Department, Dr Small, who had by that stage returned from his vacation.

The following is this letter and its reply:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Dr Niell Small<br/>Director, Emergency Medicine<br/>Townsville Hospital<br/>23/May 2003</p> <p>Dated</p> <p>Dr Small,</p> <p>It has come to my attention that two complaints as to my management of patients are currently being prepared to be sent to Dr Keary. I would like to know why these complaints have been sent now to the Director of Clinical Services, four months after I worked there and 3 weeks after I resigned from the hospital.</p> <p>Secondly I would like the reason as to why these complaints were not addressed with me at the time of my employment..."</p> <p>Thank You<br/>Dr Helen Tsigounis</p> | <p>27 May 2003</p> <p>Dear Dr Tsigounis,</p> <p>"I can advise there are no formal complaints currently being prepared relating to your management of patients in the Emergency Department..."</p> <p>Signed<br/>Dr Small</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Dr Small includes my letter to him as an attachment to his Affidavit but omits to include his reply.

I said during the hearing *"he (Dr Small) clearly omits that letter from his Affidavit". [TX 309].*

I included Dr Small's letter of reply in my Affidavit and therefore it made it as evidence before the court.

After referring to this omitted letter Dr Small replies *"At the time of writing that letter there were no formal complaints"* [TX 353].

He avoids explaining why he had not included his letter of reply in his Affidavit so as to include it as evidence before the court.

Dr Small's letter of reply reveals that up to at least one month after I resigned from the hospital, and at least 4 months after I had worked in the Emergency Department there were no statements of complaints in existence.

When asked during the hearing *"Did you ever address any complaint with me whilst I worked in the Emergency Department or thereafter as I worked in the hospital?"*

Dr Small answers "No".

It was this department, that is, the Emergency Department that later gave birth to the main complaints against me that were relied upon by the Medical Board to justify their decision.

On the 11<sup>th</sup> June, 2003, whilst in Melbourne I received a notice from the Queensland Medical Board titled the June 11<sup>th</sup> *Show Cause Notice*.

This Notice said that my application had been refused with reasons attached and further states that they were considering barring me from the profession.

The Medical Board had sent a delegate, Dr Karen Yuen to the Townsville Hospital to inquire about my performance on the 14 and 15 of May, two days after I had resigned.

Dr Yuen's findings were relied upon by the Board in this Show Cause Notice. Dr Yuen states the following:

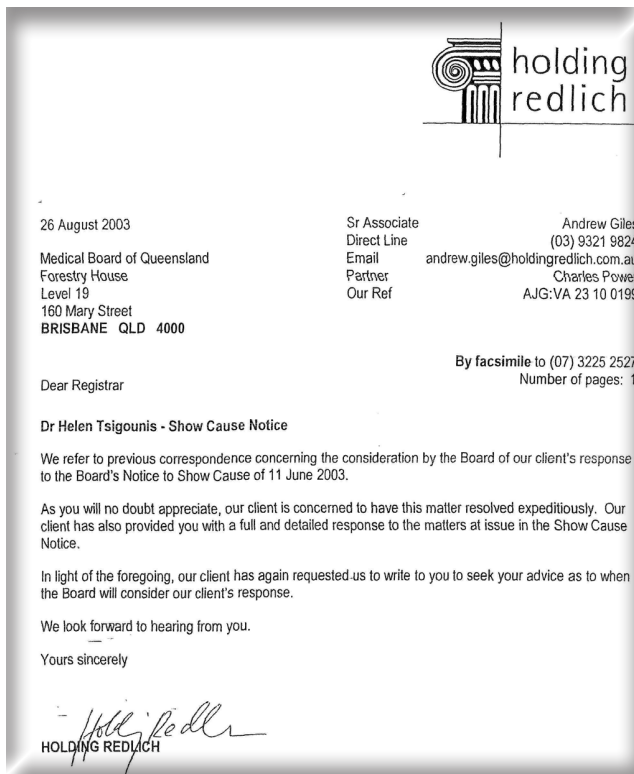
- "Dr Tsigounis discontinued her Emergency Department term after 2 weeks and Dr Hodges arranged another term for Dr Tsigounis. Following this, Dr Tsigounis showed no apparent insight into the implications on the workload of the other ED medical staff"
- "Dr Tsigounis saw a patient with meningitis in the Emergency Department. A lumbar puncture was performed; the patient was given a stat dose of antibiotic and sent home. Dr Tsigounis did not discuss the case with the registrar. The patient was later recalled when the lumbar puncture results indicated a bacterial meningitis"
- "A patient required a vaginal swab. A rectal swab was performed, then a vaginal swab using the same swab. The patient asked, "Are you a doctor?"

## The red back web

- "Dr Tsigounis after a failed attempt to insert an IV line left the patient and did not return"
- "Frequent absences from work"
- "An unwillingness to learn how to be a resident and a disinterest in being a doctor"

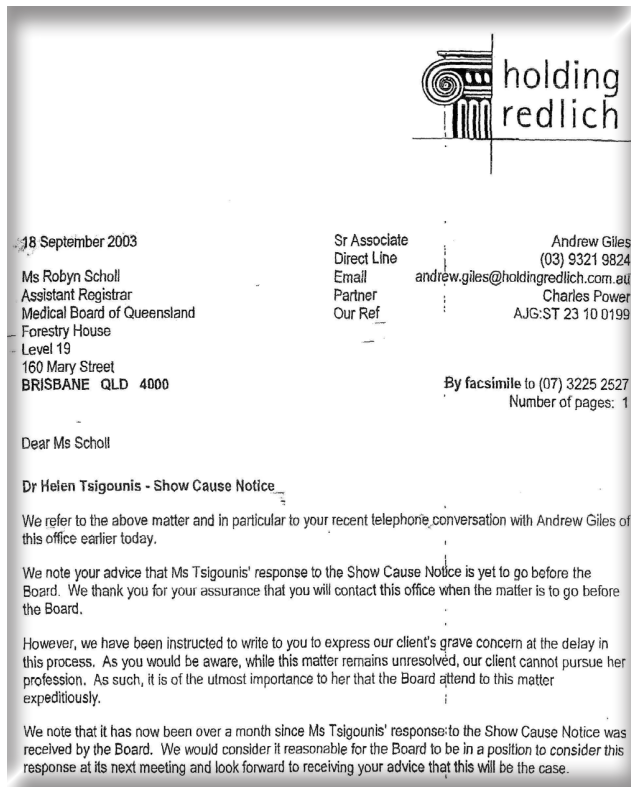
This notice was a web of fabrications I thought to myself in amazement. I asked the Board for further particulars as to their allegations. I did not receive any.

My lawyers made a formal submission on the 13 August 2003.  
There were unexplained delays once again from the Board.  
The following letter was sent by my solicitors to the Board during this period

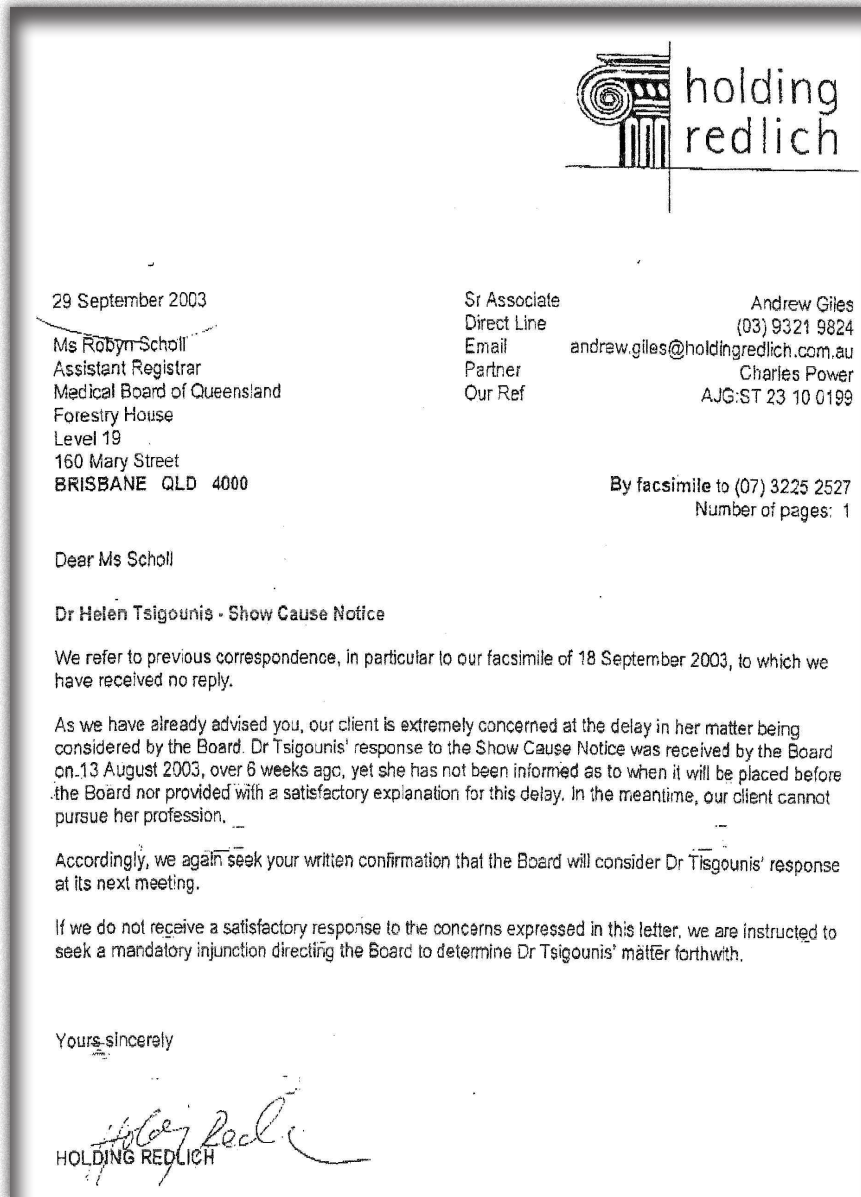


## Dr Helen Tsigounis

The delays continued and the Board had failed to make a decision in the time frame allowed by "the Act" [The Medical Practitioner's Registration Act of Queensland 2001] that is, according to the law that governs them. "The Act" states that failure by the Board to make a decision by a formal document known as an "Information Notice", by the latest two months after a reply has been made to the Show Cause Notice, is taken to mean that the application that was to be determined was to go through successfully. This meant that according to the law I had achieved my desired outcome for general registration without any further legal process, but the Board not only failed to process my application successfully during this period but continued on a procedure that was in effect legally incorrect. On the 18 September 2003 the following letter was forwarded to the Board by my solicitors

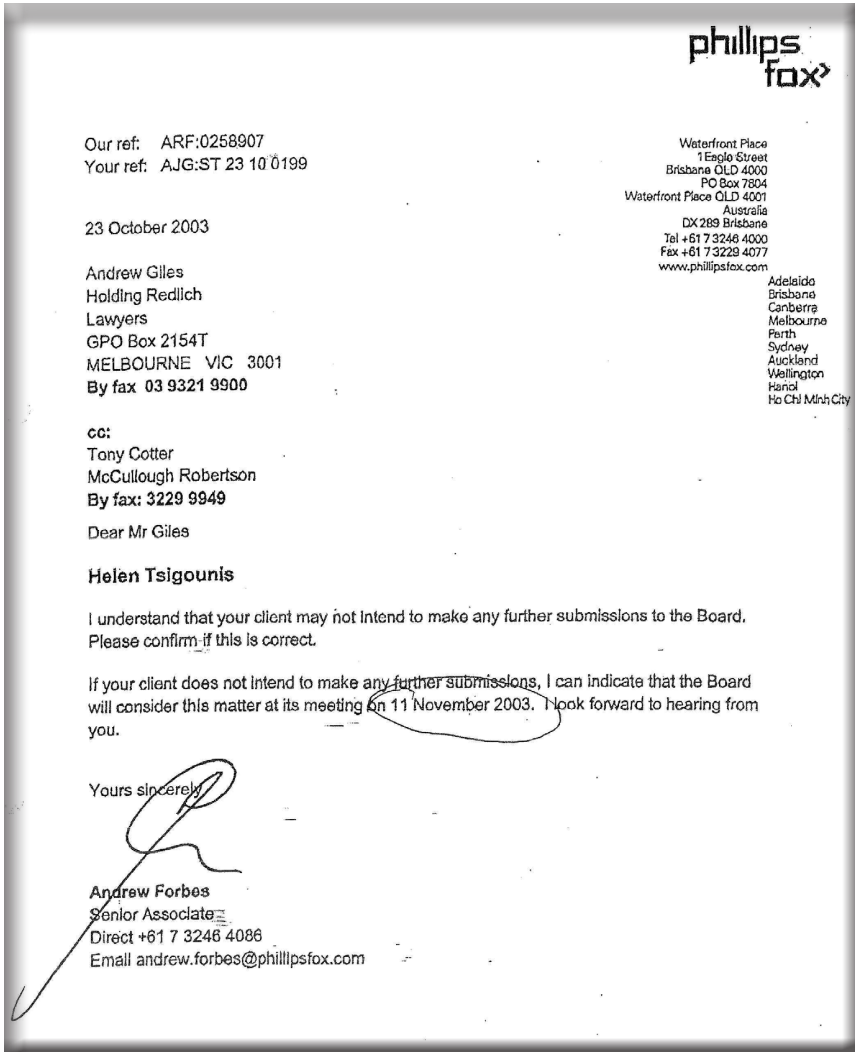


On the 29 September 2003 the following letter was forwarded to the Board.



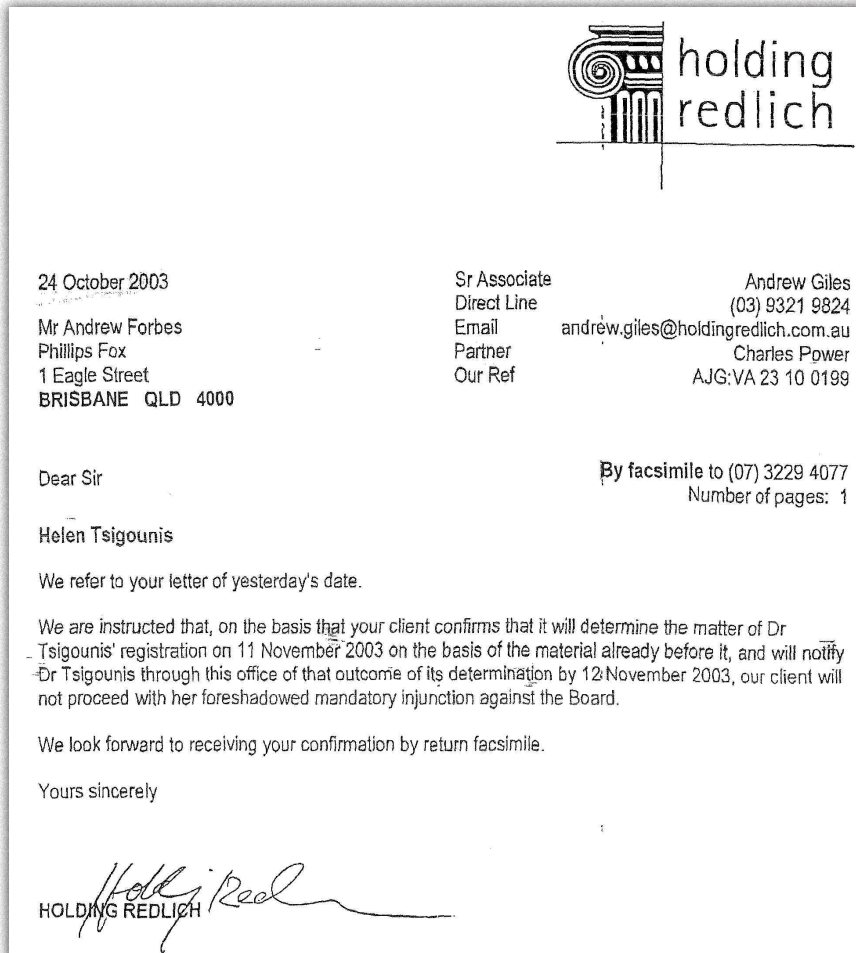
Dr Helen Tsigounis

On the 23 October 2003, I received the following letter by the Board.





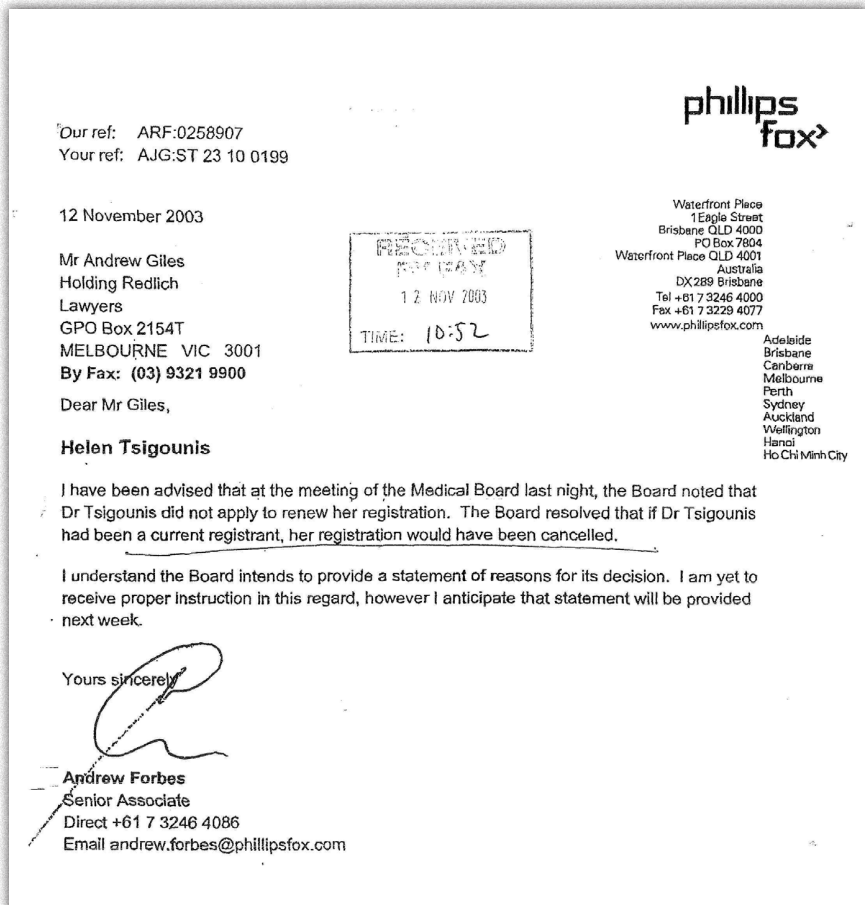
On the 24 October 2003 the following letter was sent to the Board.



On the 4<sup>th</sup> November of 2003, The Board issued a second Show Cause Notice known as the November Show Cause Notice which contained further statements of complaints from doctors in relation to "*the meningitis patient*" and "*the cervical/rectal incident*". My lawyers replied to this notice with further submissions on the 10<sup>th</sup> November 2003.

The Board failed to determine the matter in its meeting on the 11<sup>th</sup> November 2003, as previously stated, and instead sent the following letter.

Dr Helen Tsigounis



The Board was now claiming that because my yearly registration had elapsed in September of that year (2003), they could not under "the Act" proceed to determine my application unless I renewed my registration by paying the annual fees.

This line of argument had surprised me as I had paid yearly registration fees twice that year as is evident by the following documents that were also before the court.



TAILORED FINANCIAL SOLUTIONS

Statement for  
National Gold MasterCard

National Gold Card Centre - GPO Box 9992 Melbourne Victoria 3001  
Tel 1 800 650 456 Fax (03) 9501 7399 Mon - Fri 9am to 6pm (EST)



MR DIMOSTHENIS TSIGOUNIS  
NEWMARKET HOTEL  
34 INKERMANN STREET  
ST KILDA VIC 3182

## This is A Duplicate Statement

Statement Period: 21 May 2003 to 20 June 2003  
Account No: 5313 5566 0953 4708  
Credit Limit: \$8,000  
Available Credit: \$0  
Page No: 1 of 1

## Your Account Summary

|                                     |               |
|-------------------------------------|---------------|
| Balance from Previous Statement     | \$7,448.59 CR |
| Payments and Other Credits          | \$1,500.00 CR |
| Purchases, Cash Advances            | \$2,018.10 CR |
| Interest and Other Charges          | \$97.43 CR    |
| Closing Balance                     | \$8,064.12 CR |
| Past Due/Overlimit Amount - Due NOW | \$64.12       |
| Monthly Payment Due By 4 July 2003  | \$241.93      |
| Minimum Payment                     | \$306.05      |

## Closing Balance Breakdown

| Transaction Type | Annual % Rate | Daily % Rate | Balance    |
|------------------|---------------|--------------|------------|
| Cash Advance     | 15.750%       | 0.04315%     | \$1,397.24 |
| Purchase         | 15.750%       | 0.04315%     | \$6,666.88 |

## Your Transaction Record

| Date        | Reference   | Details                           | Amount A\$    |
|-------------|-------------|-----------------------------------|---------------|
| 26 May 2003 | 31300820006 | CASH/TRANSFER PAYMENT - THANK YOU | \$500.00 CR   |
| 28 May 2003 | 85353103147 | MEDICAL BOARD OF OLD - BRISBANE   | \$120.00      |
| 10 Jun 2003 | 31300440028 | CASH/TRANSFER PAYMENT - THANK YOU | \$1,000.00 CR |
| 12 Jun 2003 | 87863103161 | FLIGHT CENTRE - PRAHRAN           | \$1,885.16    |
| 18 Jun 2003 | 85353103167 | TARBS AUST PTY LTD - PYRMONT      | \$82.95       |
| 20 Jun 2003 | 75313553171 | INTEREST ON CASH ADV(S)           | \$27.78       |
| 20 Jun 2003 | 75313553171 | INTEREST ON PURCHASE(S)           | \$69.65       |

IMPORTANT CHANGES AFFECTING YOUR ACCOUNT ARE INCLUDED IN THE  
ACCOMPANYING 'AMENDMENTS TO TERMS AND CONDITIONS'  
PLEASE READ CAREFULLY AND FILE FOR FUTURE REFERENCE.

Please see other side for Important Information.

For your record

Date paid

Chq/Ref No

Amount

web here

++ &lt; 806412 &lt; 30605 &lt; 5313556609534708 &gt;

## Payment Advice

## National Gold MasterCard

Monthly payment must be received by : 4 July 2003

Past Due/Overlimit amount is due : Now

Payment Options - see reverse

If paying by mail, detach this slip, complete details on reverse and forward with your cheque in the enclosed envelope to GPO Box 240E, Melbourne, Vic 3006 (Do not include cash with mail payments).

If paying at a National branch, please complete payment advice.

Account No: 5313 5566 0953 4708  
Account Name: TSIGOUNIS D

Date:

Total:

\$ 1,397.24

**National MasterCard**  
National Card Service Centre • GPO Box 9992 Melbourne Victoria 3001  
Tel 13 22 65 Fax (03) 9601 7316 Mon - Fri 9am to 5pm (EST)  
Lost & Stolen Cards: 1800 033 103 (24-hours)

MR DIMOSTHENIS TSIGOUNIS  
NEWMARKET HOTEL  
34 INKERMANN STREET  
ST KILDA VIC 3182

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|                   |                                     |
|-------------------|-------------------------------------|
| Statement Period: | 21 December 2002 to 20 January 2003 |
| Account No:       | 5313 5835 1030 4484                 |
| Credit Limit:     | \$5,000                             |
| Available Credit: | \$436                               |
| Page No:          | 1 of 1                              |

### Your Account Summary

|                                        |               |
|----------------------------------------|---------------|
| Balance from Previous Statement        | \$4,769.81 DR |
| Payments and Other Credits             | \$500.00 CR   |
| Purchases, Cash Advances               | \$207.90 DR   |
| Interest and Other Charges             | \$85.37 DR    |
| Closing Balance                        | \$4,563.08 DR |
| Monthly Payment Due By 2 February 2003 | \$136.89      |
| Minimum Payment                        | \$136.89      |

### Closing Balance Breakdown

| Transaction Type | Annual % Rate | Daily % Rate | Balance    |
|------------------|---------------|--------------|------------|
| Purchase         | 15.750        | 0.04315      | \$4,563.08 |

EFFECTIVE 1 MARCH 2003, THE DAILY TRANSACTION LIMIT FOR TRANSACTIONS USING A NATIONAL CREDIT CARD AND PIN WILL BE \$1,000 PER CARD PER DAY. THIS CHANGE MAY INCREASE YOUR LIABILITY IN THE CASE OF UNAUTHORISED TRANSACTIONS.

### Your Transaction Record

| Date        | Reference   | Details                           | Amount A\$ |
|-------------|-------------|-----------------------------------|------------|
| 27 Dec 2002 | 31300530049 | CASH TRANSFER PAYMENT - THANK YOU | \$500.00   |
| 13 Jan 2003 | 83533103010 | PARNS AUST PTY LTD PYRMONT        | \$87.90    |
| 13 Jan 2003 | 83533103040 | HEALTH PROQUEST BOA BRISBANE      | \$120.00   |
| 20 Jan 2003 | 75313583020 | ANNUAL FEE                        | \$26.40    |
| 20 Jan 2003 | 75313583020 | INTEREST ON PURCHASE(S)           | \$38.97    |

Check transactions on this telephone and advise my

For your  
record






| Date Paid | Chq/Mac no. | Amount |
|-----------|-------------|--------|
|-----------|-------------|--------|

Research has

4. ~~0000436308~~ ~~0000013689~~ ~~1313583510304484~~

Payment Advice - National MasterCard

**Payment Options** For more details on any option call 13 22 85 Monday to Friday.  
**Sum to Date (EST)**

- |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>National Telephone Banking:</b> Transfer funds by phone from your registered National accounts to your credit card accounts. <b>1-822-6545, 7 days.</b>                                                                                                                                                                                                                                                                                |
|  | <b>National Internet Banking:</b> Transfer funds from your National checks or savings account to your National Credit Card using National Internet Banking at <a href="http://www.natbank.com">www.natbank.com</a>                                                                                                                                                                                                                        |
|  | <b>National ATM:</b> Transfer funds from your United National accounts on your credit card account. You must have a Personal Identification Number (PIN).                                                                                                                                                                                                                                                                                 |
|  | <p><b>Direct Mail:</b> Complete and attach this payment advice and send with your checks in the enclosed envelope to <b>GWFO Box 240F, Dallas, TX 75201.</b> Checks should be payable to the following account on this statement: <b>GWFO, Inc. (not include check).</b></p> <p><b>Online:</b> Contact your participating bank, credit union or other financial institution to make this payment from your charge or savings account.</p> |
|  | <b>Direct Mail:</b> Complete and attach this payment advice and send with your checks in the enclosed envelope to <b>GWFO Box 240F, Dallas, TX 75201.</b> Checks should be payable to the following account on this statement: <b>GWFO, Inc. (not include check).</b>                                                                                                                                                                     |

Account No: 5313 3835 1630 4484  
Account Name: TSI GOUNES D  
Monthly Payment due by: 4 February 2003  
Date: / /  
Total: \$

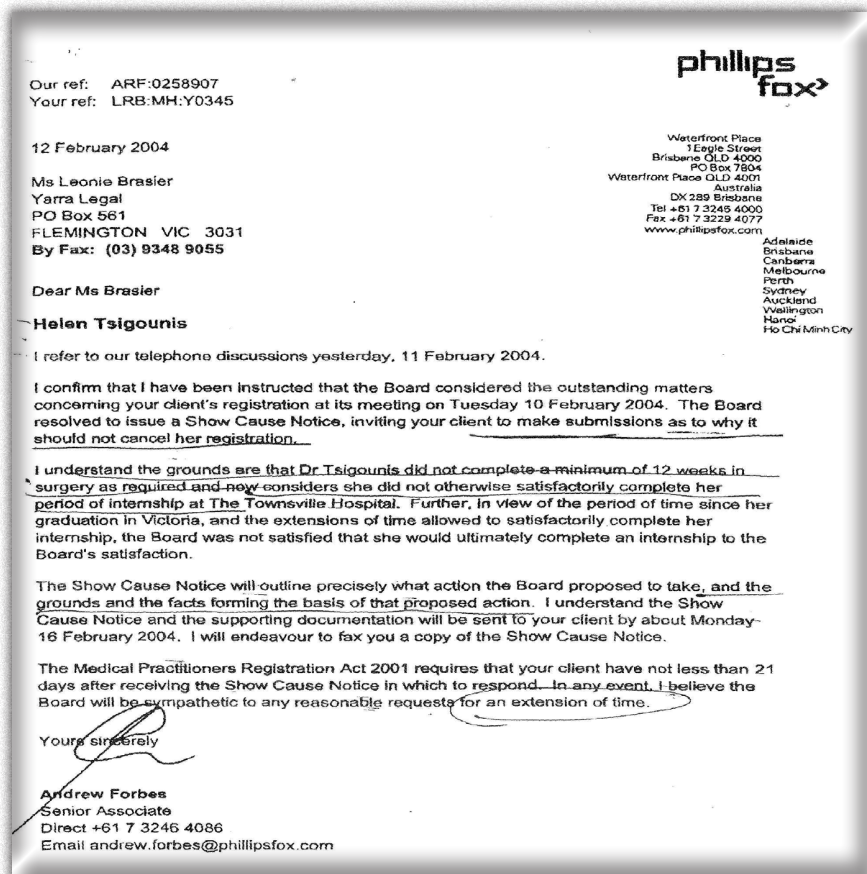
## The red back web

Further if this was really the case, why then had not the Board sent me out a notice of expiry of registration 2 months before the expiry date as required by "the Act?"

I was directed by my solicitors to pay the fees once again and so I did.

On the 2 February of 2004, the Board issued me with a "*Restoration of Registration Notice*" which stated that as I am once again registered under "the Act", the Board can now proceed with the process of determining my May 2003 application.

On the 12 February 2004, The Board forwarded the following letter stating that they were once again going to issue a Show Cause Notice,



Despite the fact that “the Act” allows them to issue “a” Show Cause Notice, on the 16 February the Board issued their third Show Cause Notice.

This new notice contained previous statements and complaints, and for the first time statements of complaints from the Cardiology Department all dated February 2004.

My lawyers submitted a reply stating that the two weeks that I worked in Cardiology were not part of the internship requirements set by the Board and should not be considered as relevant to the issue that was to be determined, that being, whether I had successfully completed internship requirements.

On the 26 March 2004, the Board made a decision under S 88 of “the Act” to cancel my registration as a doctor, barring me from the profession. In this Notice the Board stated:

- © **The Board does not consider that Dr Tsigounis has satisfactorily completed internship requirements in accordance with her conditional registration in that she has not reached the necessary level of competence to practice unsupervised;**
- © **The Board does not consider that Dr Tsigounis can achieve the necessary level of competence to practice unsupervised;**
- © **The Board does not consider that Dr Tsigounis has the ability to practise medicine without undue danger to members of the public who may come under her care.**

As I read this Notice, I recognised its nature, an all-controlling nature that creates its own truth at the cost of truth, logic, reason and the law.

The old disturbance had surfaced.

My brain naturally travelled back to where pain had begun and the words “*If I say this is red then it is red*” raised themselves from the dark.

On the 26 March 2004, a Notice of Appeal was filed with the District Court of Brisbane.

The Annexed Chronology of events was the chronology of events that was in the evidence before the Courts.

It reveals the Medical Board Procedure.

It also reveals that the decision that the Board had made on the 26 March 2004, the subject of the appeals, was the result of a statutory incorrect process and was in fact legally void!

In fact, I had legally obtained my General Regulation despite the Medical Board's behaviour, and decision.

Why then was the Medical Board, my legal team and later the judges procuring an illegal process.

And why were they failing to apply the law in my case?

**"Looking back now I can see that the red back was spinning its strands from a new direction".**



## ANNEXURE

### CHRONOLOGY OF REGISTRATION HISTORY IN QUEENSLAND...

**8 May 2002**

The Respondent (Queensland Board) granted the Applicant (Dr Helen Tsigounis) General Registration with internship Conditions pursuant to s57 of "the Act". Secondary to assessment by Board nominated psychiatrist Dr D. Kippax (Annexure C) further conditions were issued on the Applicant's probationary registration pursuant to s59 of "the Act"(Annexure D).

**11 June 2002**

The Respondent resolved that the Applicant complete a Prescribed Internship of 6 months, with a period of 12 weeks in surgery.

An Information Notice was issued. (Annexure E).

**11 June 2002**

The Applicant became an Intern at the Townsville District Hospital. The Applicant worked excessive hours, that being a Breach of Hospital Policy under which she was employed. (Annexure F and G).

The Applicant was promoted by the hospital to RMO (resident Medical officer) status (Annexure H and I).

**14 January 2003**

The Respondent considered notice of completion of Internship Requirements

|                                |                                                                                                                                                                                                                                                                                           |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | <p>and supporting documents and resolved that it was not satisfied that the Applicant had completed 12 weeks of surgery and extended the internship requirements for a further period of 3 months pursuant to s 94 of the Act.</p> <p>An Information Notice was issued. (Annexure J).</p> |
| <b><i>14 April 2003</i></b>    | <p>The Applicant forwarded a second notification of completion of Internship requirements pursuant to s91 (1) of the Act (Annexure K) with supporting documents (Annexure L)</p>                                                                                                          |
| <b><i>12 May 2003</i></b>      | <p>The Applicant resigned from the Townsville Hospital.</p>                                                                                                                                                                                                                               |
| <b><i>15/16 May 2003</i></b>   | <p>Dr K Yuen on behalf of the Respondent investigated the Applicant at the Townsville Hospital with a resulting document, Visit to Townsville Hospital (pg 8 to 13 of Annexure M).</p>                                                                                                    |
| <b><i>11 June 2003</i></b>     | <p>The Applicant received a "Show Cause Notice" pursuant to s85 Of "the Act" inviting her to make submissions as to why the Respondent should not cancel her registration as a doctor (Annexure M).</p>                                                                                   |
| <b><i>13 August 2003</i></b>   | <p>The Applicant responded to the Show Cause Notice (Annexure O).</p>                                                                                                                                                                                                                     |
| <b><i>4 November 2003</i></b>  | <p>The Applicant received a letter from the Respondent with Further "new" material and an invitation to make submissions (Annexure P).</p> <p>The Applicant responded to these new allegations (Annexure Q).</p>                                                                          |
| <b><i>11 November 2003</i></b> | <p>The Board made a "non decision", that is a letter stating what Decision they are likely</p>                                                                                                                                                                                            |

*26 November 2003*

to make if the process continues. This Was not in the required format of "the Act". Reasons for this "none "decision" were forwarded to

The Applicant (Annexure R).

The Respondent did not follow up their letter of 11 November.

That is did not issue an Information Notice with a decision.

The Act states, a decision has to be made via an Information Notice.

*9 December 2003*

An appeal was lodged at the District Court of Brisbane stating the Board was failing to decide.

The Respondent then said that I could not appeal as my registration had lapsed on the 30 September that year and I was thus not registered under the Act for the process to continue.

The Board had failed to issue a Notice of pending expiry as required by section 71 of "the Act".

*18 December 2003*

Applicant filed Notice for restoration of registration.

*27 January 2004*

Restoration of registration notice was issued pursuant to s79 of "the Act".

*12 February 2004*

Letter to Applicant regarding a new "Show Cause Notice (Annexure S).

It was agreed on behalf of the Applicant that if the Respondent could expeditiously deal with this new Show Cause Notice and its response, enabling an application to lodge against any further order soon thereafter then the appeal of December 9 would be abandoned.

**16 February 2004**

The Respondent issued New Show Cause Notice.

**12 March 2004**

Reply to above by Applicant

**26 March 2004**

The Respondent issued an Information Notice to cancel the Applicant's registration pursuant to s88 (3) of "the Act"(Annexure T).

## CH. 2. MEDICAL SCHOOL

“All cruelty stems from weakness” Seneca 4BC-AD 65.

I had begun medicine as an idealist with a quest for knowledge and a desire to help the sick.

I was the type of person that lived my life with my brain and my heart so to speak.

I discovered early on there were two types of future doctors.

The ones who wanted to be doctors with desires to help the sick and the others who were driven by power and money.

It is this latter group that would take shortcuts to achieve their end.

I remember being told by my tutor days before my Anatomy oral exam (OSKI) in the second year of my medical training *“you could have it so easy if you wanted to”*.

He then went on to say that one of the girls wore a very short skirt during her exam and because of that mere fact the examiner had given her 10 extra marks.

I refused to submit to such behaviour and chose the hard and honest way through medicine.

It was 1993, and as a fourth year medical student I was transferred from the University Campus in Clayton to the medical school at the Alfred Hospital in Prahran.

The medical school building at the Alfred was like an appendage hanging off the main hospital.

Inside, the medical school building was bare and hard, like a mind without a heart and contained a library, a pathology museum, lecture theatres and tutorial rooms.

It was in this domain, filled with nourishment to feed our cerebral brains that we would spend a good part of our lives, at least for the next few years.

As medical students in the final years of our training we belonged to a world that was separate to the world outside, and our world then, seemed bigger than it really was.

Dr Oldmeadows was one of the two subdeans at the medical school and his office was situated in the centre of the medical school at the Alfred Hospital.

He was an odd looking man, as though nature had done him wrong.

But within the realms of medicine he had achieved the status of a god.

Dr Oldmeadows interacted with students more than one would expect for a man in his position.

Dr Oldmeadows enjoyed making the students laugh with his odd sense of humour that was centered around covert behaviours.

He exercised a logic that was satanic in spirit , a mockery of christian beliefs and giving the message that intelligence and virtue were inversely proportional.

It was as if he was trying to contaminate our minds , to change our prevailing value system and push us over an imaginary line.

*"All is possible"*, he was saying to the students as long as it was covert, and away from the view of the more *"simple"* people.

Some students would adopt his flavour and incorporate it into their own thinking process.

Dr Oldmeadows was also a man who was feared and was known to often leave a stamp or mark on one's career well into the future and well beyond what his position at the Medical School could explain.

Nieve as I was as a fourth year medical student I believed that merit alone counted and was the only factor that led to success.

I was thus amazed when I saw some students spending more time and effort in trying to win Dr Oldmeadows favourable attention than to study.

And surprised to hear echoes of some poor student in the past that had managed to get on Dr Oldmeadows' wrong side and how doom soon followed.

Such stories had sent shivers down my spine as I knew too well the amount of work and sacrifice I had made in my career, even to that point.

I now know that it is the undercurrent of personal forces amongst the gods of medicine that carry the greatest weight to a successful medical career.

I also now know that one man's misguided will can spread and grow like weeds to become the will of a system.

It was Dr Oldmeadows' will, not as yet fully formed or if it was, had not as yet been triggered, that was to shape the course of my career as a doctor and place a shade over my life.

The source of Dr Oldmeadows' power was often talked about.

There were whispers that he was a powerful Mason and had friends in high places.

The word Mason had little meaning to me then, associated only with a faint image of silly old men with secret handshakes.

There was something about Dr Oldmeadows, a darkness behind his perfectly controlled manner that made me feel uneasy around him.

He began seeing me amongst a crowd of students and often fix his stare upon me at the beginning or the end of a lecture where he would appear to inform us about some change to our timetable or discuss our pending exams.

I would try and force a smile despite sensing a quality that reminded me of *"the evil eye"*.

At around this time, I met an older medical student of Greek descent named Anthony.

As we were having lunch one day he told me about *"the John Doulos story"* and revealed that to a lesser extent he had also experienced the same form of discrimination.

He described Dr Oldmeadows as a *"racist"* and a *"Hitler"* who had tried to destroy the careers of many doctors of Greek origin.

John was one of the more recent cases and after a long and rocky journey through medical school it was said that he had finally *"escaped"* and graduated.

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\* *The evil eye.*

The Greek Orthodox has recognised the *kako-mati* (evil eye) since the establishment of the faith.

The belief is active, but not limited to nations along the Mediterranean and Aegean shores. When someone has cast the evil eye they wish evil upon you.

The Greek Orthodox Religion has a special prayer to cure those who have fallen under the curse (*Vaskania*).

Wearing a cross is believed to protect you.

It was believed that John was now “free” and out of Dr Oldmeadows’ reach. As I listened to Anthony’s stories, I felt a knot in my stomach as my mind’s eye reflected upon Dr Oldmeadows’ stares.

One day, and to my surprise my father said that Dr Oldmeadows had called at home asking to see me urgently.

It was a week before my final exams and I worried about the reason for the meeting.

As I entered his office he beckoned that I sit down on the other side of his desk.

Dr Oldmeadows asked questions about my studies before asking me I was the driver of a white MGB.

I said that I was.

He told me a concerning incident had been brought to his attention that could impact on my suitability to be a doctor.

My heart sank but my mind was curious as to what he had to say.

He said that a security guard from the Alfred Hospital had identified my car parked in an undesignated area of the Hospital.

I felt a lightness of heart at the trivial nature of the accusation and I explained that it was common for students to do this, as there was little parking space available at the hospital.

Dr Oldmeadows proceeded to ask me whether I had a part time job and adding that maintaining such a car was expensive.

I said that I was not working and was being supported by my parents.

As I said those words I wondered whether he had been the type of student that was juggling two jobs to support himself through medical school.

I feared that he may have been and avoided eye contact.

Dr Oldmeadows then softened his voice and asked me what had happened in my relationship with Dr Randall Jones.

I was lost for words, swallowed hard and mumbled that we were incompatible, the same reason I had written on the divorce papers.

To reveal more was not wise as Randal was still very much part of the Medical Fraternity at Monash University mixing in the same circles as Dr Oldmeadows.

Randall had been my Anatomy tutor in the second year of my training and he had obsessively if not pathologically pursued me.



He was my first boyfriend and I had ended the relationship feeling extremely disillusioned and very hurt.

Randall was not happy when I ended the relationship as for the first time in his life he had lost control of a situation.

He had threatened that he would destroy me as he placed the engagement ring that he had given me in his pocket.

When I left the relationship I had felt that a weight had been lifted off my shoulders and had not entered another relationship for years later.

After a deep silence, the meeting with Dr Oldmeadows ended but I felt the pressure of a loose end in my head.

In 1994 I began fifth year medicine and soon discovered I was Dr Oldmeadows' new target.

It was then that the cloud came over the sun and my inner peace was shattered.

I can now define that what I was subject to in the following years of my medical training as *bullying*.

I was a pacifist by nature and rarely got into conflict situations and as I was brought up in a democratic environment, I lived life freely without oppression and with authenticity.

I thus knew of no other way and had no mechanisms in place to protect myself from the type of encounters that lay ahead.

I naturally over-reacted with each event and suffered more than one would expect or understand each time.

After a series of events early on that year, I felt so overwhelmingly tormented that I asked the Dean of Medicine, Professor Robert Porter if I could defer.

My wish was granted and I travelled to Greece for the rest of the year.

There, I attended medical lectures and clinical work at the Hippocrates Hospital in Athens so as to complete an elective in Surgery.

In Greece I regained a lost freedom and felt grateful that I was able to learn with lightness and to breathe some free air.

I began the following year at Monash University feeling stronger than before with the added advantage of having already completed my elective term..

I had hoped, upon returning, that I would have vanished in Dr Oldmeadows memory but instead found myself to be more visible.

A few months into the year, during my medical rotation, Dr Oldmeadows had asked to see me in his office.

He accused me of not attending all of my medical tutorials.

He threatened that I could fail the year based on poor attendance.

I tried to remain controlled as I told him that I had indeed attended all of my tutorials.

He told me he had a reliable source and I told him I would obtain signatures from then on as proof of my attendance.

There was turbulence in the air between us and I felt a conflict.

A few weeks later Dr Oldmeadows asked to see me again.

I entered his office and in my mind's eye I saw a snake, poised, and ready to attack.

*"Helen" he hissed, "You are not spending enough time on the wards seeing patients, a reason to be failed at the end of the year".*

We both knew that this accusation was nonsense.

As students, we had access to all Monash University training hospitals at any time of the day or night and it was impossible for one to determine how much time a student was spending on the wards seeing patients.

Further, our clinical skills had not as yet been examined.

I told Dr Oldmeadows that I was seeing as many patients as time allowed and we both agreed that I should keep a diary from then on.

During that same semester I had been assigned to a partner named Anthony. Anthony was a Jewish boy who had graduated from Mount Scopus and who had aspirations to become a Surgeon at the cost of everything else.

We were assigned to one medical registrar at the Alfred Hospital and attended ward rounds together.

When Anthony began prying into my life I thought it was a voracious curiosity and competitiveness that was driving him.

One afternoon, after a ward round that Anthony had not attended, I went to collect my bag from the doctor's room on the same ward.

The inside of this room was visible from a distance and it was partly open and partly covered by windows.

A short distance from the room, I saw Anthony searching my bag and then tipping the contents on the floor before rushing off.

I was horrified and in a daze as I collected my belongings from the floor.

On the way home I was disturbed as I tried to make sense at what I had just seen.

I decided to confront Anthony.

The next day Anthony was his usual friendly self and unmoved when I asked him why he had searched my bag.

He avoided answering my question and instead told me that the medical department is *"very personal"* and that *"Dr Oldmeadows wants you out"*. He further added that it was pointless for me to continue to study as the decision had already been made by the *superiors*.

I laughed at the absurdity of what I was hearing but could not suppress the fear that had overwhelmed me.

A few days later I saw Anthony leaving Dr Oldmeadows office at the end of the day.

At a later date, I noticed Anthony, on a number of occasions having intimate conversations with Dr Oldmeadows at the cafeteria next to the hospital. I was surprised at the end of the semester that Anthony had received the highest grades, as he was by no means the best student.

At the end of my next rotation which was the surgical rotation I had a meeting with the other subdean, Associative Professor Bruce Waxman.

Professor Waxman was a middle-aged surgeon with a certain arrogance.

In fact he was known for his dreamy and far away expressions, his absent-mindedness, and his short temper whilst operating.

As I entered his office he gazed at me leaning back in his chair where he sat with his hands intertwined behind his head and his long legs stretched out to his right.

One could see the remnants of good looks in his tired looking face.

In a monotonous tone he told me that I had passed the surgical exams but had failed to perform to my potential.

He said there was a chance I would fail the year.

I muttered a response, stating the obvious, that most students only receive passes in such exams and that it was unfair that I would have to perform to a higher level.

I watched him carefully as his face twisted this way and that and I sensed that he was trying to decide whether to reveal something, or not.

He widened his eyes as he met my gaze and said, *"You have a black mark on*

*your name. You will have to perform within the top 10% of the year if you wanted to get through".*

I looked at him puzzled and he further explained that I had managed to get on the wrong side of Dr Oldmeadows.

He said *"you need allies"*.

I swallowed hard, trying to comprehend the insanity of what I was hearing.

Professor Waxman deepened his frown and said that it had been discussed that I may have a problem with authority figures.

He then, and to my surprise, pointed to the white wall beside him and said *"if I say this is red then it is red"*.

I responded *"but it is a fact that it is white not red"*.

Dr Waxman gave a frustrated sigh and gestured that I leave the room.

On the way out I scanned my history for any signs of truth to the claim and found none.

The words *"if I say this is red then it is red"* circled in my head.

Fierce rumours about me began sprouting like weeds, and through them was reflected the menace in Dr Oldmeadows' eyes.

I became more and more frustrated and one day, after hearing that Dr Oldmeadows had said I was a dangerous person and was advising other students to stay away from me, I drove straight to the Dean's office.

I had hoped that the Dean would see reason and put an end to this situation.

As I was telling Professor Porter what I was experiencing, he looked at me in surprise and said *"I know of no other student complaining of such things"*.

Behind that sympathetic smile I knew he was lying.

He tried to turn the situation around as though it was I who was over-reacting and seeing things that way.

He told me that I should see a psychiatrist to help me cope with the stressors associated with being in the final years of the medical course.

I told him I was already seeing one who thought that Dr Oldmeadows should be the one seeing a psychiatrist because of his behaviour.

The Dean asked me the name of the psychiatrist.

I nievely answered, Dr Alfred Leitmanis.

The Dean walked towards me and placed his hands on my shoulders from behind the chair I was sitting.

He told me that I was very tense and for a few seconds he massaged my shoulders.

## Dr Helen Tsigounis

His voice softened as he told me he had heard that my boyfriend was a Greek doctor in Athens..

He added, "Overseas relationships don't work out".

I was speechless and as he removed his hands from my shoulders, his voice hardened and he said "I'm sure you can get Dr Oldmeadows back on side" and "You're one of us what are you doing with a Greek man".

I left his office with an overwhelming feeling of loss.

At home I gulped down a glass of wine as tears ran down my face like a rain storm.

I was alone at home and felt emotionally unbalanced.

I thought for a moment to call Dr Leitmanis but felt childish and abandoned the idea.

I decided to drive to my friend Maria's home.

Maria and I were old friends and had known each other since the age of 12.

We had attended the same secondary school, Korowa Anglican Girls School in Glen Iris, and had both performed well enough to obtain placements into medical school.

Maria had attended Melbourne University and had graduated after 6 years without any problems.

She could not understand why I was having such a hard time getting through the medical course.

Years later, Maria wrote the following character reference that was included as evidence before the District Court Hearing in Townsville

Dr Maria Rodopoulos  
Tel: 9349 1116  
Fax: 9349 1115  
M.B.B.S., F.R.A.C.C.P., Dip. Obs  
699 Flinthdown Street  
North Carlton Vic 3054  
Provider No: 064 339 CH  
31/11/03  
To whom it may concern,  
re DR Helen Tsigounis  
DOB 11/06/77  
who has been a close friend of mine for twenty three years.  
During this time I have been impressed with her loyalty, honesty & utmost integrity.  
Having studied with Helen at secondary school, I was witness to her competence at learning, having an excellent memory and analytical mind.  
She is very perceptive and intuitive, these qualities along with her astute mind would put her in excellent stead for practice as a medical practitioner.  
Her compassionate nature and sense of character would only add to her ability to practice as a doctor.  
Sincerely,  
Maria Rodopoulos

It was a long drive from Glen Waverley to Brunswick and as I drove fast down Dandenong road with a longing to be comforted by my friend Maria my eyes became momentarily blinded by a flood of tears and I lost control of the steering wheel.

I remembered the impact of the crash and the bright red blood dripping from my face.

The sight of my blood had scared me and the pain I was feeling was intense. My car was crushed and it took the ambulance people a great deal of effort to take me out.

I kept saying *"don't take me to the Alfred Hospital"* but my words were not heard and that is where I was taken.

The Emergency Department was full of patients but I had taken priority and was quickly placed on a bed.

My clothes were cut away from my body and a nurse managed to dress me with a white hospital gown without moving me very much.

I was given an injection of pethidine and I felt somewhat displaced and distanced from the reality of what was happening to me.

A doctor that was treating me showed me my cervical X-ray and pointed out an anomaly.

He said that I may not be able to walk again.

My mother, who had arrived and was sitting next to me began sobbing hysterically.

It seemed like hours before I had a CT scan which revealed that I had not damaged my spine and that the first doctor had been wrong in his diagnosis. My mother kissed my hand.

After having the deep lacerations on my forehead and left arm sutured I was told I could go home.

I was immobile for at least a week and had bruises all over my body and around my eyes but it was the red jagged scar on my forehead that remained a reminder to the events that had occurred that day.

I was amazed that when I had returned back to University after the car accident, still swollen and bruised, I was treated with contempt.

I had known in my life only one type of person, one that responds with empathy and compassion to another who has been hurt or injured.

But now I was faced with a breed of male doctors who had the reverse instincts to what I had known.

They were known as the *"boys-club"* and had evolved to possess the most powerful positions within the medical fraternity.

Like leaves of a tree connected by millions of fibres and controlled by one brain they took on Dr Oldmeadows previous role and began bullying me .

I felt their animosity mainly as woman that had invaded their world..

A woman to them was a helper, an assistant, a wife , the weaker sex.

It appeared that they hated women that would engage in equal relations with men and moreso women who would make men their complement.

They were ruthless, callous and selfish and at times reminded me of gangsters.

They adjusted the world around them, creating false illusions of glory and greatness of one another, thus feeding each other's ego.

Despite many of them being married they used the realm of medicine to express their homosexual sides.

They seemed to prey on the younger students and doctors, and over the years, I knew of cases where male students had homosexual relations with one or more of this group and would then suddenly receive grades well above their merit and would be the success stories of years to come.

They encouraged this form of promotion and passed on pockets of power to such students thus shaping and nurturing the culture of medicine to their desire.

It was clear to me that merit had little to do with ones success as a doctor.

Thinking about them in retrospect I can only feel pity for this breed of doctors who lacked, what is known in the Greek culture as *philotimo*-emathy, dignity, ethics, kindness, pride, self respect- and above all acting honourably.

The Greeks say that without *philotimo* the soul shrivels.

And in this world whose virtues were ambition at the cost of all else did I find myself, targeted, picked out and tormented for my mere existence.

I studied hard to achieve merit for the sake of merit.

This had an effect of infuriating them further and the usual positive response that one receives for a positive act became negative in my case.

This, no doubt was meant to discourage me from continuing on in the course.

One afternoon, I was asked by a senior doctor, *"How do you maintain the courage to come in every day when there is such antagonism towards you?"*.

*"I've got used to it"*, I replied.

Indeed I had learned to live and study with an added stress, one that my

## The red back web

fellow students did not have to carry.

At the end of 1995 I was failed.

The marks were incongruous with how I believed I had performed and in fact contradicted the response I had received from my examiners.

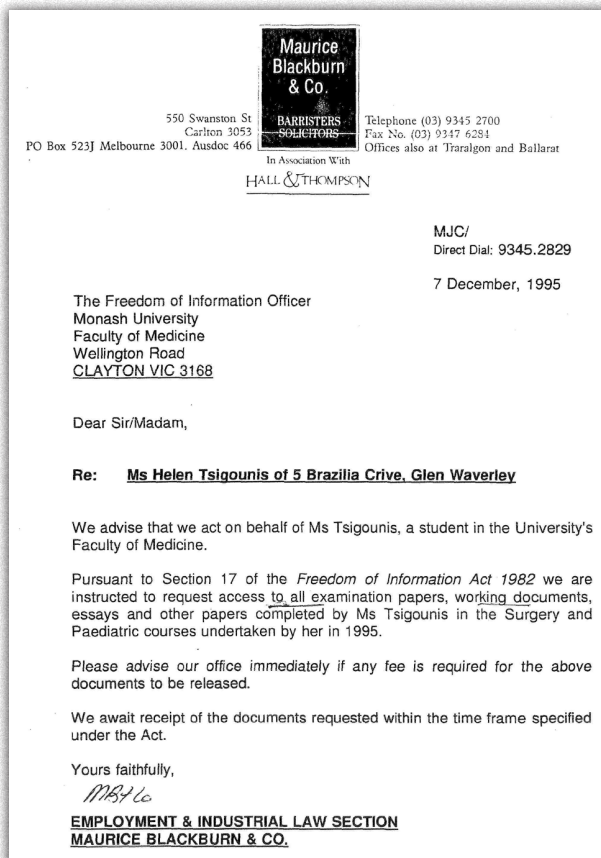
I demanded to see my papers.

The Dean told me that they were with Dr Oldmeadows.

Dr Oldmeadows replied "*of course not*".

I felt rebellion rise within me like a tidal wave and I employed a solicitor.

The following Freedom of Information Request (FOI) was sent to the medical department





The Medical School, by law, had three months to comply with this notice and in the meantime I was to face what was known as the *"Exclusion Committee"*.

This committee consisted of a panel of doctors from the department who would come to a decision of whether you were to remain in the course or whether you should be excluded.

Before I was to face this committee I contacted Dr John Doulas.

Dr Doulas was happy to help and a meeting was organised for him to be interviewed by my solicitor Golbin Jholl.

During this meeting the following was revealed by Dr Doulas (1/12/1995-Golbin Jholl - taped conversation).

Dr. Doulas believes that there was racial discrimination in the department mainly directed towards students of Greek origin.

He believes that the discrimination is highly organised with an intention to remove the ethnic element from the medical fraternity.

He believes that Dr Oldmeadows is the chief orchestrator to such events.

Dr. Doulas names other ethnic doctors who had been victims.

He describes his first encounter with Dr Oldmeadows during an oral examination at the end of his fourth year of medicine.

He said that as he was examining a female patient Dr Oldmeadows was trying to distract him by interrupting him repeatedly.

He was then accused of cheating by speaking Greek to the patient.

When the patient confessed that she was not Greek, Dr Oldmeadows changed to something else.

He accused John of being too rough with the patient. John asked the patient if this was so and the patient said that it was not.

Dr Oldmeadows continued to maintain his claim and told John that he could fail the exam because of "roughness".

John believes that Dr Oldmeadows was distorting reality in an attempt to find reason to fail him.

John failed the exam and thus the year and as a result had to face the exclusion committee.

John describes the exclusion committee as a degrading and humiliating experience.

He also describes it as a "joke" designed to shift blame away from the fact that the exam results had been falsified.

He says that one must “play the game” which he explains to mean “accept blame” and give the committee reasons as to why you had performed badly even though the truth of the matter was that you had not failed but Dr. Oldmeadows just wanted to hold you back in your career.

John says to try and prove the truth was a sure way of being excluded from the course.

John states that a few days before he was to face the committee he went to see a Greek surgeon and lecturer, Dr Chris Christophe at the Alfred Hospital for advice.

He was told to “play the game and accept blame and it will be o.k.”

John followed this advice and in so doing revealed to the committee some personal and private issues that were to explain his poor performance.

The committee accepted his reasons and he was allowed to repeat the year.

John said that he was horrified to learn the following year that the information that he had revealed to the committee had leaked out of to the medical Department.

He describes the following event.

John bumped into an old university friend of his named Bill Papastegiatis who was a solicitor. He told John that he had met Dr Oldmeadows at the Fairfield Hospital whilst obtaining vaccinations before travelling to Thailand. Dr Old meadows asked him if he knew any of the “geek medical students” and Bill named a handful of friends including John’s name.

Dr Oldmeadows went on to tell Bill the personal information that had been revealed at the exclusion committee, asking Bill whether it was true.

Bill was stunned that such information was revealed and told John to make a complaint to a higher authority.

John did not, but was amazed that the information had leaked, as Dr Oldmeadows had not been part of the exclusion committee in John’s case.

John said he was constantly harassed the year he was repeating and suffered symptoms of depression.

He was subject to ongoing home phone calls from Dr Oldmeadows who was prying into his personal affairs. He says that some of these phone calls were very late at night.

John describes another event that year where he was asked to see Dr Oldmeadows.

Dr Oldmeadows accused John of “hanging around only with the Greeks” and was told to widen his social horizons and improve his attitude or he would be failed again.

John describes a “blacklisting system” operating in the medical department also known as the “flagging list”.

He says there is a conspiracy of silence regarding the existence of this list but over the years students have found out or have been told of its existence. He says the list is a form of covert discrimination that circulates to tutors and examiners for the purpose of marking down and failing certain students.

He says Dr Oldmeadows was the main person blacklisting people.

John said that after his psychiatry exam in final year medicine the results achieved seemed a far cry to how he perceived he had performed.

This was also the case with his best friend Bill Karabellis, also of Greek origin. John said that Bill believed a mistake had been made and decided to see the head of the department so as to see his papers.

The head of Psychiatry told Bill that rightly so he had, on paper, received one of the highest marks but his end result had been downgraded because he was on the flagging list.

Bill was horrified and left the matter at that.

John said there were many such cases during his time and Professor Murtagh from community medicine had also revealed to students the existence of this list.

John states that there have also been cases where Lawrence Hudson, Dr Oldmeadows’ helper and administrator, who was not medically trained, had also placed students on this list.

The department took its time to respond to the FOI request and I was to face the exclusion committee without having seen my examination papers.

One day before the scheduled meeting my obstetrics and gynaecology tutor phoned me and told me not to worry as Professor Vernon Marshall, the Director of Surgery at Monash Medical Centre was to be present.

And that his word would override Dr Oldmeadows’ people.  
I was told to “*play the game*” and “*accept blame*”.

## The red back web

My solicitor decided that antagonising them with the truth may yield a negative result and it was best to *"play the game"*.

The following documents were submitted before the exclusion committee:

Dr Helen Tsigounis

**JHOLL**  
**BARRISTERS & SOLICITORS**

Hargobind Singh Jholl LL.B (Hons), M.Tax., FTIA

8 INKERMAN STREET  
ST KILDA  
VICTORIA 3182  
AUSTRALIA  
TEL: (03) 9525 5011  
FAX: (03) 9537 2361

21 December 1995

The Dean  
Faculty of Medicine  
Monash University  
CLAYTON VIC 3168

Dear Sir

DRAFT

**Ms Helen Tsigounis (Helen)**  
**Exclusion Committee**  
**Special Circumstances**

We advise we are instructed to act for Ms Helen Tsigounis in this matter. We have the University letter dated 8 December 1995 in hand.

Our telephone conversation of 11 December 1995 refers and we thank you for your time.

We submit the following for your kind consideration:

Helen has approached you on numerous occasion with various matters and we thank you for accommodating her. Helen has had various problems. Helen and her family are very close. Her father has had various financial problems which has caused Helen concern and has made her very unstable. As such there are some things a person find too personal or too embarrassing to talk about. It has severely effected her performance in her studies.

Her parents' business problems have been a big strain on Helen. Her concern over her parents welfare, their business their home has indeed added to the pressure Helen's been through for sometime now. The possibility of losing her house after having a comfortable life all along is not a pleasant experience. Helen has been also concerned about her father's and mother's health.

We are confident you will share the same view as us that pressure caused by the said factors have effected her studies and in view of that her case comes within your realm to give special consideration.

We request your support and recommendation to the Exclusion Committee to allow Helen to be re-assessed in view of her difficulties.

We once again thank you for your consideration.

We await your reply.

Yours faithfully

**JHOLL BARRISTERS & SOLICITORS**

GEOFFREY I. McCALLUM PTY. LTD. ACN 056 418 001

**Geoffrey I. McCallum**

OBSTETRICIAN AND GYNAECOLOGIST

M.R.C.O.G., F.R.A.C.O.G.

Prov. 365739W

Consulting at:- Craignish Specialist Centre, 314 Boronia Road, Boronia  
Canterbury Specialist Centre, 8 Cross Street, Canterbury  
Belgrave-Tecoma Physiotherapy, 1574 Burwood Highway, Tecoma

CRAIGNISH SPECIALIST CENTRE

PO BOX 527,

BORONIA, 3155.

FAX: (03)9762 3309

PHONE: (03)9761 0444 (Boronia)

(03)9387 1000 (Call Service)

(03)9755 1693 (A.H.)

(041)9329059 (Mobile)

18 December 1995.

The Exclusions Committee,  
Faculty of Medicine,  
Monash University,  
Wellington Road,  
Clayton, 3168.


Re: Ms. Helen Tsigournis,  
5 Brasilia Drive,  
Glen Waverley.

Ms. Tsigournis attended The Angliss Hospital as a fifth year Medical Student from 24/7/95 to 15/9/95. During that time I was involved in her teaching through tutorials, on the delivery suite and through her attendance at my rooms (The Angliss does not have gynaecological or antenatal clinics).

I found Ms. Tsigournis to be pleasant and positive. She appeared to have an appropriate level of knowledge comparable to that of the other students whom we see. She had a good bedside manner with patients. She properly researched any topics which she was given to prepare for tutorial and attended all the expected sessions. I felt that her skills at examining the patients were appropriate though I felt that her presentation of data obtained through examination was somewhat lacking in structure reflecting perhaps a reluctance to follow the simple models for case presentation required of Medical Students.

I feel that Ms. Tsigournis has the potential to make a capable doctor and would be prepared to offer her tutorials and the opportunity to attend my rooms if, for example, she were to be offered supplementary examination.

Yours sincerely,



Geoffrey I. McCallum.

1/12/95

To whom it may concern,

this is a letter of support for Helen Tsigounis, who is a dear friend whom I have known since our early high school years, at the Korowa Anglican Girls' School - Glen Iris.

Over this last year of fifth year Medicine, Helen has studied with utmost vigilance and participated in her various hospital clinical work.

She thoroughly enjoyed her time learning Obstetrics, Gynaecology and Paediatrics and entered the recent exam period with enthusiasm and what I believe to be a very sound knowledge of both subjects.

Helen contacted me after every exam and we discussed the exam questions and her responses at length. Helen appeared confident with her answers, obtaining enough verbal cues from the examiners that she had responded appropriately.

It is thus with great distress that I hear of Helen's recent results which appear incongruous considering her level of knowledge and exam responses.

Yours faithfully, Maria Rodonoulou  
NR. M. Rodonoulou S. 2 064339



## The red back web

During the meeting I tried to "play the game" but at one point I asked the committee what my actual marks had been stating it was a relevant point in the determination of my case. The members of the committee looked at me blankly and said "well, we don't know".

My solicitor kicked me under the table and I did not persist with the issue. A few weeks later, my lawyer and I were called to meet with a member from the department in relation to the FOI request.

We were surprised that there was minimal compliance to the request.

The following fragments of my examination papers were revealed.

| Station 7                                                                                                               | MRS HELEN TSIGOUNIS                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CANDIDATE NAME:</b>                                                                                                  | (20) 12/20                                                                                                                                                                                                                 |
| <b>Instructions to candidate:</b> Would you please identify the pathological condition in each of these pathology pots. |                                                                                                                                                                                                                            |
| 1.                                                                                                                      | Crohn's disease • Cobblestone appearance<br>stricture formation of bowel. Skip lesions<br><span style="float: right;">(4)</span>                                                                                           |
| 2.                                                                                                                      | Lacer of large bowel. Fungating<br>lesion ~ 10cm in length. No penetration<br>through to from bowel wall. <span style="float: right;">(4)</span>                                                                           |
| 3.                                                                                                                      | Gallbladder calculi. Multiple one<br>large one in Hartmann's pouch ~ 2.5cm<br>in diameter. White cholesterol stones. No<br>obvious inflammation.                                                                           |
| 4.                                                                                                                      | <del>Renal stone. Calculus</del><br>Ureteric calculus causing dilatation<br>of ureter, pelvis or kidneys. Some<br><del>hydronephrosis or py</del> pressure atrophy of parenchyma<br><span style="float: right;">(4)</span> |
| 5.                                                                                                                      | Meningioma of brain<br>Brain Lacer. <span style="float: right;">(4)</span>                                                                                                                                                 |

Station 5

MRS HELEN TSIGOUNIS

CANDIDATE NAME LABEL

**Question:** What is the **name** and **purpose** of each of the following piece of surgical equipment?

1. ~~Foley catheter - urinary output.~~  
~~to drain T-tube - Biliary surgery~~
2. Trocar, introducing catheter in lung  
for drainage pneumothorax (2)
3. Foley catheter - urinary output (2)
- 4.
5. Central venous line (1)
6. Hudson mask. O2 delivery (2)
7. ~~Endotracheal tube introduction~~
8. Central venous to chest tube - pressure monitoring
9. Swan Ganz catheter - measuring wedge  
P, CO, Pulmonary (2)
10. Endotracheal tube → intubation (2)

ALFRED HOSPITAL  
GENERAL TREATMENT

U.R. \_\_\_\_\_  
Surname \_\_\_\_\_  
Given Names \_\_\_\_\_

**MRS HELEN TSIGOUNIS** 1/6 14/20

Da \_\_\_\_\_

① Fluid  
Daily requirements  
① 500mls N/saline  
+ 2500mls 5% Detrore  
+ 3 ampoules 15g K<sup>+</sup>

② Analgesia  
a) pethidine ~~100mg~~ 50g IM.  
maxolon 10g

③ vital signs hourly  
BP  
RR  
pulse

④ chest x-ray

⑤ ECG

⑥ lg pain v-severe give  
morphine or spinal ~~analgesic~~

⑦ Wound care - dressings. Watch for  
wound dehiscence, infection

⑧ Catheter changing regularly

⑩ physiotherapy  
coughing after  
operation.  
Deep breathing

⑪ mobilisation to  
prevent P.V.T.  
= 60 min/day.

⑨ change Drain tube  
+ measure  
volume from  
it or if  
any blood.

GENERAL INCUBATION UNIT

MR  
M-6

From the material presented one could not determine what the real marks had been.

My solicitor wrote the following letter to the department after this event:

MEMORANDUM OF MEETING AT MONASH UNIVERSITY ON 21 MARCH 1996  
- Inspection of examination papers pursuant to FOI request

Present: Ms Helen Tsigounis (Client)  
Ms Janice Newham (University FOI Manager)  
Mr H Jholl (Lawyer for Helen)  
Mr Brian Ruck (Faculty Manager)

1. Helen was surprised that there was small amount of material made available under the Freedom of Information.  
There was a sealed envelope with Helen's signature and a folder containing examination papers.  
  
Helen said she knew what was in the sealed envelope and described the contents. She enquired as to her other papers.
2. Mr Brian Ruck explained that his interpretation in the legal way of Helen's former Solicitor's request for documentation was what was provided to her.
3. Ms Janice Newham expressed that she was not sure what was required specifically under the request and checked with the Department. Mr Jholl enquired that if she was unsure, they could have checked with us.
4. Mr Brian Ruck repeated that he or the department read the said request by the former Solicitor in a legal sense and went on to say that he cannot help it if that was what the request was.
5. Issues of examination papers were discussed.

- 2 -

6. At this point Mr Jholl said that regardless of whose fault it was whether the former solicitor's request was inadequate or whether the department had omitted to get discovery of all exam papers, what was important was how can we address the problem and see all the papers as requested which are permitted pursuant to Freedom of Information.
7. Mr Ruck repeated that if the request was such, he read it legally and there was nothing else he could do.
8. Mr Jholl then requested to see the letter of request for the examination papers by Helen's former Solicitor from Ms Janice Newham. He read through the request and immediately objected to Mr Ruck and Ms Janice Newham that it was clear from the letter and from the wording that all examination papers (working or otherwise) were specifically requested.
9. Mr Jholl made it clear that he objected to the repeated statement by Mr Ruck that he did what he construed as legal.

It was clear to Mr Jholl and of a great concern that the objectivity was lost. Mr Jholl told Mr Ruck that Mr Ruck was fully aware of the problems Helen has had with the Department. Clearly, either we address the issue before us or if the Department maintained their attitude, then let us make it an issue. Mr Jholl further said that what he was interested in and the prime consideration was Helen's interest.

Mr Jholl said that he had no reservations to make all the problems Helen has had with the Department an issue.

Mr Ruck agreed with Mr Jholl that it did not matter which side of the table you sat that it was in both the Department and Helen's interest to resolve this matter and not make it an issue.

We were then asked to see the Dean of Medicine, Professor Robert Porter. My solicitor confronted the Dean with the fact that the department had not complied with the FOI request and asked him what my marks had been. The Dean said that I had actually passed the exams but the matter was more of an *"attitude problem"*. He said it was too late to change the results now but I would have to address my attitude by seeing a psychiatrist from the department.

My lawyer jumped in and said I would be happy to see a psychiatrist of my choice.

My solicitor proceeded to tell the Dean that he had spoken to a number of other students, who were now doctors, that had had similar problems with Dr Oldmeadows and the Department and that he believed it to be a racial discrimination issue.

The Dean's face changed colour and said that I should repeat the year as quietly as possible and that he would make sure that this sort of thing does not happen again.

The Dean said that if I did anything against the department, *"we will all stick together and it will be unlikely that you will graduate"*.

My solicitor agreed that the best course of action would be for me to repeat the year quietly and without a fuss.

During this period, I was so desperate to get out of the department that I had written to other medical schools, including ones from overseas.

The following documents support this, which include a letter of support from the Dean of Medicine.

M O N A S H U N I V E R S I T Y

3



DEAN OF THE FACULTY OF MEDICINE  
Professor Robert Porter  
M.A., D.M., D.Sc., F.R.A.C.P., F.A.A.

18 January 1996

**TO WHOM IT MAY CONCERN**

Ms. Helen Tsigounis has been an enrolled student in the course leading to the degree of Bachelor of Medicine and Bachelor of Surgery at Monash University. She successfully completed the first four years of the course and obtained pass or credit level in all subjects by the end of 1993. During 1994 she sought and obtained a deferment from her studies. She returned to fifth year studies in 1995. However, due to the fact that she was involved in an accident during the year and missed some clinical experience, she failed in some parts of her fifth year examinations. The Board of Examiners considered the circumstances which were relevant to this failure (her accident) and agreed to allow Helen to repeat the fifth year of her course in 1996.

I have been advised that Ms. Tsigounis is seeking a transfer to the Royal College of Surgeons in Ireland or to another medical school and I support this application.

Robert Porter



Dr Helen Tsigounis

## Royal College of Surgeons in Ireland

ST. STEPHEN'S GREEN, DUBLIN 2.

Attachment: 8

### CONFIDENTIAL STATEMENT ON APPLICANT FOR ADMISSION TO MEDICAL SCHOOL.

To: Professor / Tutor / School or College Principal

Dear Colleague,

Please complete this form and seal it in the attached envelope marked "Confidential". Comments and information will be treated in the strictest confidence.

Surname of Applicant: .....

(BLOCK CAPITALS)

Other names: .....

STATEMENT BY:

DR. GEOFFREY I. McCALLUM

Name: .....

M.R.C.O.G. F.R.A.C.O.G. 365759W

Position (Headmistress, Headmaster, etc.): .....

CRAIGNISH 'SPECIALIST' CENTRE

P.O. BOX 527, BORONIA 3155

School, etc.: .....

How long has the student been attending your school? .....

Would you comment on this applicant's suitability for training as a doctor.

Do you ..... ☐ highly recommend ☒ recommend ☐ recommend with reservation

#### FURTHER INFORMATION CONCERNING THE CANDIDATE

Please comment on the following points:

- Character and personality: *Introduced miss Helen Tsigounis in Obstetrics + gynaecology in 1995. Found her to be pleasant and interested in her work. She related well to the patients. She*
- Intellectual qualities and promise: *prepared Lark as requested. Her level of theoretical knowledge was quite appropriate to her level of training.*
- Positions of Responsibility: *I believe she has the potential to make a capable doctor.*
- Athletic, Social, Artistic and other interests and achievements: *Very interested in & capable as artist/painter.*
- Are there any grounds based on your knowledge of the student's general health and background which might handicap him/her in any way for training as a doctor? *No*
- General comments or other information (e.g. personal or domestic circumstances, if these have a bearing on the assessment of the candidate's application): *Has had a difficult year due to car accident and personal circumstances.*
- Ability to write clear and accurate English: .....



How does the applicant rate in the areas listed below ?

| PERSONAL QUALITIES                 | Excellent | Good | Average | Poor | No Opinion |
|------------------------------------|-----------|------|---------|------|------------|
| <i>Demeanour</i>                   |           | ✓    |         |      |            |
| <i>Self - Confidence</i>           |           |      | ✓       |      |            |
| <i>Emotional Stability</i>         |           |      | ✓       |      |            |
| <i>Ability to communicate</i>      |           | ✓    |         |      |            |
| <i>General appearance</i>          |           | ✓    |         |      |            |
| <i>Reliability, responsibility</i> |           | ✓    |         |      |            |
| <i>Social maturity</i>             |           | ✓    |         |      |            |
| <i>Motivation</i>                  |           | ✓    |         |      |            |
| <i>Social Work</i>                 |           |      | ✓       |      |            |
| <i>Team Work</i>                   |           |      | ✓       |      |            |
| <i>Leadership qualities</i>        |           |      | ✓       |      |            |

| SCHOLASTIC QUALIFICATIONS    |  |   |  |  |  |
|------------------------------|--|---|--|--|--|
| <i>Mental ability</i>        |  | ✓ |  |  |  |
| <i>Application to work</i>   |  | ✓ |  |  |  |
| <i>Oral expression</i>       |  | ✓ |  |  |  |
| <i>Written expression</i>    |  | ✓ |  |  |  |
| <i>Intellectual interest</i> |  | ✓ |  |  |  |

Please itemise forthcoming examinations - stating : subjects, level, and expected grades.

| Name of Examination | Level | Subjects | Expected Grades |
|---------------------|-------|----------|-----------------|
|                     |       |          |                 |
|                     |       |          |                 |
|                     |       |          |                 |
|                     |       |          |                 |
|                     |       |          |                 |
|                     |       |          |                 |
|                     |       |          |                 |
|                     |       |          |                 |

DR. GEOFFREY I. McCALLUM  
M.R.C.O.G. F.R.A.C.O.G. 385759W  
CRAIGNISH SPECIALIST CENTRE  
P.O. BOX 557, BORONIA 3155

Official Stamp



Signature : *Geoffrey I. McCallum* Date : *17/11/96*

Such processes were complex and expensive and I would have to lose further years as each medical school was structured in its own way. My lawyer told me that matters would now be much improved and I decided to stay on and complete my medical training at Monash University in Melbourne.

At about this time, an old friend, named Pat who had also failed his year and was repeating his final year of medicine, told me of an event that had occurred after the final year results had been revealed.

Someone had placed bombs in Dr Old meadows' home and car.

The bombs had exploded but no one had been injured.

There was an ongoing federal police investigation and all students including Pat who had failed their final year were suspects.

I watched the news and read the papers but heard nothing.

I felt sympathy for the student who could have done this, if he, like me, had suffered in the hands of Dr Old meadows.

There were times where I felt I could explode from the ongoing torment, and with the pressures of trying to pass medical exams, the burden seemed a monstrous one for any brain to bear.

It was human nature that one would strike back in some way.

I know I had, by obtaining a solicitor.

During the following two years I attended all relevant lectures and tutorials but otherwise spent as little time as possible in the department.

I passed the year but I knew the marks that I received did not reflect my true performance.

Despite this, I was happy to be free so I thought so at the time.

During my graduation dinner in 1997, I was approached by Dr Oldmeadows who whispered in my ear *"you've won the battle but now there's war"*.

I felt the full force of his contempt and I was left with a wave of tension and unrest for the rest of the evening.

## BULLYING

At the very least, what I had experienced at medical school and beyond could be described as bullying.

Norwegian researcher Dan Owelus describes bullying in the following way [Olweus, D A Research Definition of Bullying. Bullying may have a focus]

*"when a person is exposed, repeatedly and over time to negative actions on the part of one or more other persons. He defines negative action as when a person intentionally inflicts injury or discomfort upon another person, through physical contact, through words or in other ways"*.

Evelyn Field, an Australian psychologist and expert defines bullying as [Bully blocking by Evelyn M field].

*: "an abuse of power by someone who is stronger-physically, mentally, socially, politically or financially-towards someone who can't block the bully's games or cruel behaviours"*

Through her research Dr. Field has identified at least 75 types of bullying behaviour.

The following are described to be acts of bullying. [Those who can, do. Those who can't bully. Bully on line website, UK National workplace Bullying, 29/6/2007].

- Subject to nit picking and trivial faultfinding, undermined, false concerns are raised; doubts are expressed over performance or standard of work-however, the doubts lack substantive and quantifiable evidence, and usually complaints are for control and not performance enhancement.
- The subject of written complaints by others, most of whom have been coerced into fabricating allegations-the complaints are trivial, often bizarre and often bear striking similarity to each other suggesting a common origin.
- Facing unjustified disciplinary action on trivial or false charge.
- Facing dismissal on fabricated charges or flimsy excuses, often using a trivial incident from months or years previously.
- Subjected to unwarranted and unjustified verbal or written warnings.
- Subject to excessive monitoring and supervision.
- Have their responsibility increased but their authority removed.

- Degraded, demeaned, humiliated,
- Singled out and treated Differently.
- Denial of the right to earn your livelihood including preventing you getting another job.
- People who are bullied are constantly criticised and subjected to destructive criticism.

It is stated that organizations that are aggressively or exclusively masculine in their nature and structure are known to inadvertently encourage and perpetrate bullying [Bullying, Causes, Costs and Cures. A publication of the beyond bullying association].

It is also said that if one stands up against a bully one is generally bullied, harassed, victimised and scapegoated.

Bullying can become toxic in an environment that is out of control and difficult to isolate and its causes difficult to comprehend.

Institutional bullying is when bullying becomes entrenched and accepted as part of the culture.

Years later in 2004, During the District Court Hearing of Townsville, Professor Paddy Dewan, one of the four expert witnesses to give evidence in my case, submits the following letter before the court.

“Helen Tsigounis, has not been registered on the basis of having fallen short by 2 weeks in the requirements for meeting registration requirements, Rather than a reason for nonregistration I would view this a breach of duty of care of those organising the course to which she has been allocated. Her training seems adequate for registration.

The remainder of the allegations are either not adequately substantiated or are trivial or vexatious, importantly it would seem that issues of conflict in the work place have not been handled well by management, and not to expect Helen to underperform when she was in such a stress situation in an indictment on the hospital as much as on Helen.

A significant event was the bullying demand by a Registrar

for Helen to return to a ward round, at a time when Helen was not expected in the hospital. For the registrar to then be used to provide a belatedly submitted reference that is attacking of Helen is unjust.

The Other reports largely paint Helen as a very good Resident.

Helen appears to be the scapegoat of a system under stress.

As Helen was accepted into medical school, allowed to graduate and has performed well according to many criteria, I believe that the Medical Board has a moral obligation to ensure that Helen is given an opportunity to practice medicine.

Thank you for seeking my input into a difficult and complex situation”.

And gave the following oral evidence: (TX 901).

**“Appellant:** *Professor Dewan can you comment on the nature of the complaints?*

**Professor Dewan:** *One of the phenomena in this case is bullying, that is vexatious complaints are Made where there is not an interaction at the time but the complaint comes up at a later date as Part of a document with a series of complaints and there has not been an opportunity to address the complaint at the time\**

**Appellant:** *Professor Dewan, what is your overall judgment regarding this case?*

**Professor Dewan:** *A group think phenomenon, in its extreme form also known as the Hitler phenomenon and it's like when you're on the outer, you're on the outer, and the interpretation of a Person's action is pre-interpreted before the event. So for instance having three attempts at putting in an intravenous cannula can be seen as somebody trying really hard to do the right thing, or it can be seen, as somebody done badly depending on how you look at it, and it seems as a*

*general Impression is that people are seeing that three attempts at putting in a cannula is a bad Thing...that is the general flavour.*

Similarly, expert Witness Dr Zalman Rozenblum submitted the following letter before the District court:

"I Dr Zalman Rosenblum have been a general practitioner for a period of almost 25 years.

I am currently employed by the Mayne Group with admitting rights to a number of hospitals.

I am affiliated with the following hospitals: Masada Hospital and Elsternwick Hospital.

I have had some experience with medical students and doctors during the early stages of their careers. I have reviewed all the material relating to Dr Helen Tsigounis including all references written at the time of her employment and any subsequent complaints.

I note that most of these complaints came to her attention up to a year after she left the hospital.

I also note there appears to be a lot of contradictory information regarding the complaints and much hearsay evidence.

In particular I have read the material regarding her management of the "meningitis patient" and it is my impression that her judgment and treatment of this patient appears to be satisfactory.

All other complaints in my opinion are common to all interns i.e. many attempts to insert a cannula on a child.

Based on the information, references and complaints, it is my opinion that she be granted Full Medical Registration immediately.

Alternatively, I am happy in the future both as a mentor and to facilitate future employment to offer Dr Tsigounis an opportunity to achieve full registration, I also note there is a shortage of female GP's".

And gave the following oral evidence:

*"Obviously someone that did not like you was collecting as many errors as possible to put them into a submission and Helen is a great doctor and a very caring person". [TX 117]*

And expert Witness Dr Arthur Papagelis' letter before the Court was as follows;

"My name is Arthur Papagelis. I am a General Practitioner. I graduated in 1986.

I have had extensive experience working in Hospital, in particular, the Royal Melbourne Hospital where I worked primarily with the surgical units and the Emergency Department.

Currently, I run my own medical practice in Broadmeadows.

I was requested by Dr. Helen Tsigounis to review documentation pertaining to her career thus far and her attempts at medical registration in Australia.

At my one and only meeting with Helen Tsigounis, I found her to be an intelligent person with no obvious deficit in her ability to express understanding, empathy or in her ability to learn, as one would expect from an individual who has completed the MBBS in Australia.

Dr Tsigounis has handed over to me reports concerning her progress at various training institutions primarily in Australia but also in Greece. Including in these documents a number of complaints concerning Dr Tsigounis by various staff members at the institutions she has trained at.

Following my review of these documents together with the many positive reports including amongst the negative, it is my assessment that there is nothing here that cannot be attributed as part of the learning curve for Hospital Resident? Interns,

Of course, I make the assumption here that the negative reports are factual.

Since her graduation in 1997, Dr Tsigounis appears to have been working hard at her chosen profession either in Australia or in Greece. She appears to have accumulated extensive experience, therefore, than your Average Intern prior to medical registration.

Most of her clinical assessments, according to the documents I have reviewed, if not the great majority, are very positive about Helen's abilities in her training positions.

I could not, reading the various psychiatric reports, conclude that Helen suffers with any serious psychological or psychiatric condition.

Therefore, in conclusion, given my assessment of the documentation provided to me, it pains me to learn of Helen's struggle and setbacks in her attempt to obtain, what many MBBS graduates take almost for granted, her medical board registration in the country she has trained in".

Dr Papagellis gave the following oral evidence:

*"Overall and with each individual complaint I can imagine any intern making [TX 1087]*

In fact Professor Dewan identifies the issues of my case before the court as follows;

*'The problems in the Australian workplace is that we have, rather than a democracy or meritocracy where people are One protects oneself by a group of friends.*

*You can break the code of friendship without falling out.*

*And what happens when you fall out from the group, you end up much more on the outer and that because mate-ship is so strong in Australia that if you do slip up, then this is the sort of thing that happens as has happened to Helen*

*Making friends with the group becomes a priority rather than having a merit-ocracy and performing to a certain level and I*

*I think that is part of the phenomenology at the moment.*

*For instance, there are senior clinicians who are under-performing encouraged to retire use nobody wants to say to them, look you're not doing very well now, because you loose the mate-ship, so we have a number of senior people who are under-performing and may be performing badly where the mate-ship to them is stronger than the performance of doctors'.*



### CH. 3. FRANKSTON HOSPITAL, VICTORIA

The following are sections of a legal document prepared by Victorian solicitors *Tanya Cirkovic and Associates* that I included in the evidence before the District Court Hearing.

It reveals the events leading up to my suspension as an Intern in Victoria and the source documents behind the psychiatric issue in Victoria.

#### **MEMORANDUM Intern Training at Frankston Hospital. 1998**

2. Approximately four weeks into my time as an Intern, I encountered my first problem. Over a period of approximately two days, I repeatedly received calls from pathology claiming that I had not placed identification labels on pathology tubes or had handed in less tubes than I was supposed to. I was surprised at this, as I was sure that I had followed all Procedures correctly.

Following the first one or two complaints from pathology I Requested a fellow doctor witness me labelling tubes and placing The correct number in the bag to be transferred to pathology. Later that day I received another call from pathology complaining that I had again done the wrong thing and sent only two instead of three tubes.

I went down to pathology and showed them a piece of paper on which my fellow doctor had written that he had witnessed me placing three labelled tubes into the bag for pathology. At this point they said they had made a mistake. It did not happen again.....

3. By letter dated 26 March 1998, Dr Eleanor Flynn, the Director of Clinical Services (Medical) stated the following " I have recently been made aware of some concerns with your performance and request that you attend a meeting with Mr Chris England, the Network Director of Human Resources and myself to discuss these matters".
  4. I was extremely concerned at having received this letter. I contacted the same solicitor that I had used in Medical School, Mr Hargobind Jholl immediately. Mr Jholl forwarded correspondence to Dr Flynn requesting more detail as to the concerns.
  5. We did not receive a reply from Dr Flynn and attended the scheduled meeting on the 3 April 1998 with my solicitor without any idea what the allegations might be.
  6. At this meeting the following issues were raised by Dr Flynn:
    - (a) My failure, on one occasion, to respond quickly enough to my pager.
    - (b) My failure to attend for work on one occasion
    - (c) The marking of my time sheet as "sick" for the day referred to in (b) above.
  7. I answered in the following way as confirmed by letter to Dr Flynn dated 9 April 1998.
    - (i) With regard to (a), I believed I had responded to my pager as quickly as possible
    - (ii) With regard to (b) I was mistaken that I was rostered off for the day
    - (iii) With regard to © I had not understood the impact of putting the words sick leave on the timecard. I was simply trying to indicate on my timesheet that I was absent for that day
- I was surprised that it had been thought necessary to hold a meeting in these circumstances as all the complaints dealt with were commonplace occurrences with interns at the hospital.**
- Following this meeting Dr Flynn forwarded to me a letter dated 9 April 1998 Stating that during the meeting I had**

been issued with "a verbal warning in accordance with the Network's disciplinary procedure"

8. By letter dated 22 July 1998, Dr Flynn informed me of "some serious concerns (she had) in relation to (my) current clinical work and some continuing concerns in relation to (my) accountability". This letter informed me that Dr Flynn would be "actively reviewing" my clinical care and availability for the following two weeks. It also informed me that if Dr Flynn failed to see an improvement she would refer the matter to the Medical Board of Victoria.
9. Dr Flynn was now claiming the following:
  - (a) Failure to appropriately admit patients.
  - (b) Slow response to the ward team's request for my attendance
  - (c) Compromising patient care by my management
  - (d) Demanding the key to a room other than that allocated to the night intern.
10. Although I requested details for (a) to (c), Dr Flynn did not provide any. No specific incidents were mentioned. This was of great concern to me, as I knew that the allegations were unfounded. As regarding the timing of my response to requests for my attendance, it was always a matter of the exercise of judgement and discretion. If I did not attend immediately on a call it would be because I was busy with a patient who required urgent attention.

With regard to the allegation that I demanded that the receptionists give me the key to a room other than the one allocated to the night intern, I informed her that the night intern room was occupied by another doctor and that I had requested the keys to one of the other rooms that was available.....
16. After receiving this letter of complaint from Dr Flynn I had approached the receptionist that was on duty. She informed me that, contrary to what Dr Flynn had said, she had not made any such complaint.

This conversation was taped.

A copy of the transcript to that conversation is attached.

Another meeting was called by Dr Flynn on 25 September 1998 regarding "complaints about my performance from nursing staff".

Nurses were not named neither were any specific incidents identified.

At this meeting it was agreed that I would keep a diary recording all my dealings with patients. The registrar would sign off on the daily entry with any comments thought appropriate at the end of my shift.

The diary was kept from 25 September 1998 until my suspension in October 1998. I do not have a copy of this diary, to the best of my knowledge it is held with the Victorian Medical Board.....

22. On the 16 October 1998 a colleague, Dr Frederick Chang, informed me that he had been approached by administration to do my shifts on the weekend.

As I had not requested any leave I thought that this was strange. I immediately telephoned administration to ask what was going on. I spoke to Dr Flynn's Secretary Melissa, who always new to any changes to the roster and was told that she did not know anything about my shift being offered to another doctor. The telephone was then given to Dr Flynn who instructed me to attend administration immediately.

23. I went down straight away.

On invitation, I walked into a meeting being held by Drs Flynn and Thevethasan and Mr Chris England, the Network Human Resources Director.

The meeting lasted approximately 10 minutes.

Dr Flynn claimed to have continuing concerns about the "quality of (my) patient care and (my) ability to Practice safely". I had asked for the specifics to any events but did not obtain any.

I was surprised, as I had received very good formal assessments by my supervising Doctors.

The following are the assessments I had received:

# The red back web

SOUTHERN HEALTH CARE NETWORK

HMO ASSESSMENT FORM

Please complete this assessment and return to Ms Monique Vanderwal - Network HMO Coordinator, C/- Monash Medical Centre, 246 Clayton Rd, Clayton 3168 or Fax: 95502727, prior to Friday 11 September 1998. (NB: This form and mailing address applies to all hospitals within the Southern Health Care Network)

NAME OF MEDICAL OFFICER: HELEN TSIGOUNIS

|                       | POOR | FAIR | AVERAGE | GOOD | VERY GOOD | EXCELLENT |
|-----------------------|------|------|---------|------|-----------|-----------|
| THEORETICAL KNOWLEDGE |      |      |         | ✓    |           |           |
| CLINICAL JUDGEMENT    |      |      |         | ✓    |           |           |
| CLINICAL SKILLS       |      |      |         | ✓    |           |           |
| WILLINGNESS TO LEARN  |      |      |         |      | ✓         |           |
| ORGANISATION          |      |      |         |      | ✓         |           |
| DOCUMENTATION         |      |      |         |      | ✓         |           |
| COMMUNICATION SKILLS  |      |      |         |      | ✓         |           |
| RAPPORT WITH STAFF    |      |      |         |      | ✓         |           |

OTHER GENERAL COMMENTS

V. willing, keen, competent doctor.  
Recommended for clinical positions  
at 2<sup>nd</sup> year level.

SIGNATURE OF REFEREE

NAME OF REFEREE

DR PRAKASH NAYAKAM

SOUTHERN HEALTH CARE NETWORK

HMO ASSESSMENT FORM

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NAME OF MEDICAL OFFICER:

|                       | POOR | FAIR | AVERAGE | GOOD | VERY GOOD | EXCELLENT |
|-----------------------|------|------|---------|------|-----------|-----------|
| THEORETICAL KNOWLEDGE |      |      |         | ✓    |           |           |
| CLINICAL JUDGEMENT    |      |      |         | ✓    |           |           |
| CLINICAL SKILLS       |      |      |         | ✓    |           |           |
| WILLINGNESS TO LEARN  |      |      |         |      | ✓         |           |
| ORGANISATION          |      |      |         | ✓    |           |           |
| DOCUMENTATION         |      |      |         |      | ✓         |           |
| COMMUNICATION SKILLS  |      |      |         |      | ✓         |           |
| RAPPORT WITH STAFF    |      |      |         |      | ✓         |           |

OTHER GENERAL COMMENTS

Very good bedside manner.  
Clear and confident  
Keen to progress clinically

SIGNATURE OF REFEREE

NAME OF REFEREE

Dr Tim Guinness

Dr Helen Tsigounis

### SOUTHERN HEALTH CARE NETWORK

#### HMO ASSESSMENT FORM

Please complete this assessment and return to Ms Monique Vanderwal - Network HMO Coordinator, C/- Monash Medical Centre, 246 Clayton Rd, Clayton 3168 or Fax: 95502727, prior to Friday 11 September 1998. (NB: This form and mailing address applies to all hospitals within the Southern Health Care Network)

NAME OF MEDICAL OFFICER: Stephen Vincent

|                       | POOR | FAIR | AVERAGE | GOOD | VERY GOOD | EXCELLENT |
|-----------------------|------|------|---------|------|-----------|-----------|
| THEORETICAL KNOWLEDGE |      |      |         |      |           |           |
| CLINICAL JUDGEMENT    |      |      |         | ✓    |           |           |
| CLINICAL SKILLS       |      |      |         |      | ✓         |           |
| WILLINGNESS TO LEARN  |      |      |         | ✓    |           |           |
| ORGANISATION          |      |      |         | ✓    |           |           |
| DOCUMENTATION         |      |      |         |      | ✓         |           |
| COMMUNICATION SKILLS  |      |      |         |      | ✓         |           |
| REPORT WITH STAFF     |      |      |         |      | ✓         |           |

OTHER GENERAL COMMENTS

very keen to learn

SIGNATURE OF REFEREE

NAME OF REFEREE

Stephen Vincent

### SOUTHERN HEALTH CARE NETWORK

#### HMO ASSESSMENT FORM

Please complete this assessment and return to Ms Monique Vanderwal - Network HMO Coordinator, C/- Monash Medical Centre, 246 Clayton Rd, Clayton 3168 or Fax: 95502727, prior to Friday 11 September 1998. (NB: This form and mailing address applies to all hospitals within the Southern Health Care Network)

NAME OF MEDICAL OFFICER: Helen Tsigounis

|                       | POOR | FAIR | AVERAGE | GOOD | VERY GOOD | EXCELLENT |
|-----------------------|------|------|---------|------|-----------|-----------|
| THEORETICAL KNOWLEDGE |      |      |         | ✓    |           |           |
| CLINICAL JUDGEMENT    |      |      |         | ✓    |           |           |
| CLINICAL SKILLS       |      |      |         |      | ✓         |           |
| WILLINGNESS TO LEARN  |      |      |         | ✓    |           |           |
| ORGANISATION          |      |      |         | ✓    |           |           |
| DOCUMENTATION         |      |      |         | ✓    |           |           |
| COMMUNICATION SKILLS  |      |      |         | ✓    |           |           |
| REPORT WITH STAFF     |      |      | ✓       |      |           |           |

OTHER GENERAL COMMENTS

Note - rapport with staff difficult for all interns in this department.

- Helen's suitable to be a doctor and has at all times made good clinical decisions and the welfare of patients at heart.

SIGNATURE OF REFEREE

NAME OF REFEREE

Johansson Psychiatry

24. I was suspended from duty until the investigation into the complaints were investigated.
25. My solicitor forwarded a letter to Dr Flynn dated 22 October 1998 requesting particulars of the allegations against me.  
No reply was received.  
A further letter requesting the same was forwarded on 2 November 1998.  
It was not replied to.....
- 28-32. I was informed by a colleague, Dr Olga Oblovatsky that a meeting with Interns was held on 7 November 1998.  
At this meeting a number of issues were raised as to the treatment of patients by some doctors.  
Examples of patient mistreatment were given.  
One such example was an occasion when one of the interns, Jill Singleton, sent a patient home from the Emergency who suffered from chest pain? The patient died at home after having had a heart attack.  
Another Intern, Catherine, inappropriately gave a patient a drug called "gastrolyte" and the patient became hypokalemic and then had a heart attack.  
This meeting was conducted to reassure doctors that mistakes happen all the time.  
In fact Dr Helen Kolaowe, the Hospital's mentor for Interns, relayed the story of an Occasion when she incorrectly performed a procedure on a patient, which had resulted in them becoming paraplegic.  
Neither of the above doctors was subject to any disciplinary procedures.
33. By letter dated 9 November 1998, Dr Flynn informed me, through my solicitor, that she had reported me to the Board. In this letter Dr Flynn states the following:  
*"I wish to report this doctor to the Board. The Peninsula Health Care Network are very concerned about her conduct and although she shows no obvious impairment we are very aware of her lack of Insight."*



*Our concerns are such that we have suspended Dr Tsigounis on full pay, as we do not believe she is currently safe to practice as an Intern.*

*The background is as follows:*

*Dr Tsigounis was appointed to the Peninsula Health Care Network through the Intern Computer Match and commenced work on 7th January 1998.*

*Her rosters were;*

*Term 1 ( 12/1/1998-22/3/1998)    Emergency Medicine*

*Term 2 ( 23/3/1998-7/6/1998)    Psychiatry*

*Term 3 (8/6/1998-16/8/1998)    Emergency Medicine*

*Term 4 (17/8/1998-1/11/1998)    Medicine*

*Term 5 (2/11/1998-10/1/1999)    Surgery*

*During Dr Tsigounis' first rotation in the Emergency Department I was alerted by the afterhours clinical service manager that on several Occasions Dr Tsigounis was uncontactable for periods during the Overnight shift particularly between the hours of 4.00am and 6.00am.*

*On the night of 12 February 1998 she handed her pager into Switchboard at 5.30am switchboard suggested she contact the after Hour's clinical services Manager and she left a note for her.*

*There were several more episodes when she was difficult to contact overnight, in particular the nights of 4th and 5th March 1998. On those occasions she was not in the room allocated so that not only did she not answer her pager but also other medical staff had to go and wake her up to get her to answer the phone*

*On 22nd March 1998 Dr Tsigounis did not appear for her day shift in The Emergency Department. She had been at work the previous day and did not Neither call in sick nor was there any answer from her home phone number. This was Her last shift in the Emergency Department and it was assumed that she had Made a mistake with the roster. However she marked her timecard as "sick" That day.*



*During the Emergency term several concerns were relayed to me by The clinical staff in relation to not only her slowness of response to the ward team's request for her attendance but also her lack of appropriate clinical notes and follow-up, in particular a lack of admission notes for patients who she was responsible for admitting during her overnight shifts.*

*Dr Tsigounis final rotation before she was suspended was in Medicine and commenced on 17th august 1998. As she had not undertaken a medical rotation before this time, and she refused to speak to the HMO mentor unless her lawyer was present, I spoke to the Head of the unit and the two registrars suggesting that Dr Tsigounis may require some extra help in her initial time to ensure that she coped with the workload.*

*In spite of this help she appeared to be having major problems in organising to review the patients and ensure that she had documented their care and communicated with the other clinical staff in relation to patient's care and needs. Issues relating to difficulties communicating with her from the ward staff and Emergency staff were raised.*

*On the morning of the 15th October 1998 I was informed by a member r of the nursing staff that Dr Tsigounis had not waited for the night Intern to come on duty to hand over her patients and had handed the arrest beeper to the Switchboard before leaving the hospital at 9.45pm. I was also made aware that she had not completed the Admission of at least one patient who had been waiting for some Time.*

*On the morning of 16th October 1998 Dr Thevethason contacted me to Request that we arrange a meeting with Dr Tsigounis because he was Concerned.*

*In particular there had been two patients that she had not seen with an Appropriate neither time nor managed appropriately. In particular she had not Contacted the*

*nursing staff to state that in one case she had been Unable to recommence an IV infusion and in the second case she had Attended the ward only after several pages to review a patient with Severe lymphadenopathy.*

*Since Dr Tsigounis' suspension on the 16th October 1998, I have Become aware of a number of other serious issues, which I wish to Bring to the boards attention. These issues have not been raised with Dr Tsigounis. There has been incorrect documentation in-patient Notes both to relation to abnormal tests being written in the wrong Patient's notes or the incorrect clinical information In most cases the nursing staff or the Medical Registrar corrected the Information.*

*I have also been made aware of one occasion where Dr Tsigounis Refused to attend the ward to discuss a patients care with relatives and Another occasion when she did not attend the ward to discuss a Patients care but provided information about another patient entirely. All of the incidents mentioned above have been raised with Dr Tsigounis, other than those, which came to my attention after her Suspension. We have been aware of these problems for some months And have attempted to assist Dr Tsigounis to resolve them. However, In most cases Dr Tsigounis has refused to acknowledge that any Problems exist.*

*We have concern that Dr Tsigounis may not have the ability to work At the level of a competent Intern. Given our concerns about patient Safety, Dr Tsigounis' employment will remain suspended pending The Board's response to this notification".*

### **The Medical Practitioner's Board**

34. By letter dated 26 November 1998, the Board informed me that it had decided to conduct an investigation into "concerns raised by Dr Flynn regarding my conduct as an Intern" .....
36. A meeting was held with the Board to discuss the issues raised by Dr Flynn on the 1 December 1998. In this meeting I presented before Dr Jo Flynn, Dr Elanor Flynn's sister and Chief Child Psychiatrist, Professor Robert Adler.
37. By letter dated 4 December 1998, I was informed that the Board had referred the matter to the Impaired Practitioners Sub -Committee. (HAM)  
The Board claimed it was concerned "that (my) ability to practice medicine may be affected by ill health".  
I was asked to agree to undergo a psychiatric examination by a Board nominated psychiatrist.
38. On the 23rd December 1998, I informed the Board in writing that I agreed to undergo a psychiatric examination and provided them with the names of three psychiatrists I wanted the examination to be conducted by.  
The Board refused to chose one of my preferred psychiatrists and said that I must be examined by their chosen psychiatrist.
39. By letter dated 18 January 1999 the Board organised a time for me to see their chosen psychiatrist, Associative Professor Fiona Judd from the Royal Melbourne Hospital.  
I was told that she too was part of the "game" and to take caution.
- 40-41 Before seeing Professor Judd I obtained two independent psychiatric assessments from psychiatrists that had no dealings with the medical board.  
These two reports were as follows

Dr Helen Tsigounis

**Dr. Michael V. Piperoglou**

M.B., B.S., D.P.M., F.R.A.N.Z.C.P.

Consultant Psychiatrist

Provider No: 494345K

790 Burwood Road

Hawthorn East 3123

Telephone: 9813 1144

Fax: 9882 0866

19 January 1999

TO WHOM IT MAY CONCERN

**RE: Helen TSIGOUNIS, 5 Brazilia Drive, Glen Waverely.**

This is to certify that Ms. Tsigounis was referred for assessment today.

Apart from stress and anxiety regarding her suspension as an intern at Frankston Hospital in October 1998 she did not complain of any psychological symptoms.

On systematic questioning she did not complain of any sustained depressed mood, anhedonia, loss of interests, sleep disturbance, anorexia or weight loss. There were no symptoms of panic attacks, generalised anxiety, concentration/memory problems or psychosomatic manifestations of anxiety. She did not complain of any psychotic symptoms or paranoia.

On mental status examination she had a normal range of affect and did not show any evidence of a depressed mood. Her attention, concentration and memory (short and long term) seemed normal. There were no perceptual disturbances or delusions. I did not find her to be guarded during the interview and she did not seem threatened or defensive with the interview process. She did not display heightened anxiety levels.

On questioning she did not complain of any problems with abuse of drugs or alcohol.

In summary, this lady does not have any symptoms or signs of mental illness. She is naturally stressed regarding her loss of employment.

Yours faithfully,



**MICHAEL PIPEROGLOU**

M.B., B.S., D.P.M., F.R.A.N.Z.C.P.

*Dr Ranvir K. Sood*

MBBS MD FRANZCP  
Consult. Child Psych. RANZCP

32 Princess  
Kew Vic  
Tel: (03) 851

23 December 1998

Mr. G. Jhoil  
Solicitor  
Melbourne

Dear Mr. Jhoil,

Thank you for asking me for a current assessment on Ms. Helen Tsigoitis.

She is a 31-year-old woman of Greek descent. She came to see me in November 1998 for symptoms of anxiety and distress as she had been suspended from her position as an intern at Frankston Hospital.

She states that she had been given a few verbal warnings and two written warnings about not answering her pager promptly, being demanding to the receptionist, not writing enough clinical notes and taking a day off without informing administration.

She feels some of these allegations had no basis in fact in so much as many of these practices were commonly accepted for many of the interns. She recalls only one incident of her not answering her pager within a reasonable period and states that for an overworked and exhausted intern that is not an uncommon happening. The long and arduous hours worked by interns have been a serious concern to all reasonable medical practitioners for a long time. And yet in other instances, e.g. the day taken off without informing the authorities is seen as a genuine mistake and oversight. She feels that many interns have been allowed a far greater leeway in these matters. Moreover she feels that these minor misdemeanours have been blown out of all proportion, especially considering the long and demanding hours (a 50-70 per week) she had to work. At this time she had nearly 45 patients that she was looking after, under very demanding conditions.

For her it is hard to understand this degree of escalation in this "dispute" especially since she believes in being a competent doctor and has endeavoured to learn all the skills needed and has attempted to acquire the sense of responsibility to look after her patients diligently.

During the assessment I did not find any evidence of drug/alcohol abuse. She appeared to be of above average intelligence. I have not found any evidence of any perceptual/cognitive signs indicative of a psychotic illness that would preclude her being able to work as a medical practitioner. She displayed some evidence of anxiety and a tendency to become defensive if she felt threatened in any way. It suggests a heightened sensitivity to criticism. At the present time it appears to be a direct result of feeling singled out, admonished, criticised and finally being suspended. This has made her angry and belittled, increasing her sense of helplessness. Her way of dealing with these difficulties has been to involve a lawyer, which she feels is the only option of somebody besieged. This has understandably escalated the situation.

Dr Helen Tsigounis

Currently she not on any medication and I don't think she needs any.

To summarise

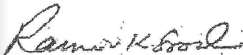
I did not find any evidence indicative of a major psychiatric illness, like schizophrenia or a Major depressive illness. There is nothing to suggest problems with abuse of drugs or alcohol.

I do think Helen has a personality that shows some evidence of being sensitive to criticism with some what lowered self esteem. Moreover she has a tendency to become defensive if she feels sh is being singled out. (This last matter is the hardest to assess in the absence of objective information). But on the description of these incidences, it does appear that the Hospital authorities may have exaggerated the significance of atleast some happenings. Her personality has the potential of being an easy scapegoat.

I do feel that her level of responsibility and competence would be considerably higher if she was not caught in this conflict which may be only partly of her making.

In view of the above I believe she should be allowed to complete her internship at a different hospital. She should have the benefit of a mentor in the initial stages.

Yours Faithfully,

  
Dr. Ranvir Sood

**They were given to Professor Judd upon my meeting with her and to the medical board.**

**42. On the 28 January 1999, I attended at Associative Professor Judd's office at the Royal Melbourne Hospital for an assessment.**

**Dr Judd conclusion and findings were as follows;**



### Mental Status Examination

Dr. Tsigounis was a casually dressed young woman who was anxious at times during the interview but at other times relaxed. She was cooperative and answered all questions without hesitation. She minimised the serious nature of the complaints made about her and did not appear to take the complaints and concerns of others seriously. Her affect was not depressed and her mood euthymic. There was no evidence of abnormal form, stream or possession of thought. Thought content was focused on her concerns about the consequences of the current proceedings and also concerns that she had been singled out unjustly. There were no perceptual disorders detected or described. Dr. Tsigounis displayed limited insight: she felt the problems encountered were largely due to the way others perceive her (eg she didn't talk as much as others or attend social functions) and consequently that the situation in which she now finds herself is non understandable.

### Opinion

Dr. Tsigounis does not currently have any symptoms indicative of a major psychiatric disorder such as major depression, an anxiety disorder or psychotic disorder. She denies significant alcohol or drug use and there are no features to suggest problems in this area.

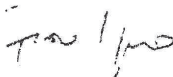
There is evidence of significant personality problems reflected in Dr. Tsigounis' experience as an undergraduate and more recently as an intern. She has a history of difficulty dealing with stress, and coping by avoidance and escape (eg going overseas/failing to answer beeper/leaving work early). Criticism is not taken seriously but is dealt with by rationalisation and minimisation (eg the other interns were doing the same or worse, couldn't understand the situation because of conflicting feedback). There is limited desire or capacity for self examination readily exemplified by situations such as her inability to understand why she failed 5<sup>th</sup> year MBBS, the basis for conflict with the Board.

RE: DR. HELEN TSIGOUNIS

These personality issues raise serious concerns regarding Dr. Tsigounis' ability to take responsibility and function independently as a medical practitioner.

I hope these comments are of assistance to the Board. Please contact me if you require further information.

Yours sincerely,



A/PROF. FIONA JUDD

**The Board sent a letter stating that I suffered from a “lack of insight”.**

**43. On the 18 February 1999, in accordance with the Board’s request, I attended an interview with Professor Robert Adler who was to decide on the outcome of the Events. Prior to the meeting I was advised by my barrister, Mr Steven Wartski to agree with the Board’s view that I had at times demonstrated a “lack of insight”.**

**By this stage of the process I wanted desperately an end so I can move forward with my life.**

**I was told that the path of least resistance was to agree with everything the Board says and to promise to be good in the future.**

**44. The Board then placed the following conditions on my registration:**

- (i) I must complete a further six months intern training with core rotations in General Medicine and Surgery.
- (ii) A mentor is to be appointed at my place of employment that is to provide support, counselling and feedback.  
The mentor is to provide a three-monthly report to the Board
- (iii) I must attend a Board approved psychiatrist who is to provide three-monthly progress reports.
- (iv) I am to be reviewed by a Board appointed Psychiatrist when this is deemed to be necessary.
- (v) My clinical supervisor is to provide the Board with three monthly work performance reports.



### Attempts to complete the Intern Training

48. I was assured by Board member Dr Adler, that I would be assisted in obtaining a placement once I signed a letter accepting I had a "lack of insight". Once I signed the letter I was given no assistance by the medical board.

49-50. I wrote to every hospital in the Melbourne Metropolitan area and many hospitals outside the metropolitan area seeking a placement that would allow me to complete my internship.

Surprisingly, considering there was a shortage of doctors, I was unsuccessful.

**My solicitor wrote the following letter to the Board:**

*"We are instructed that following the placement of conditions upon our client's registration in February of 1999, our client has made numerous attempts to complete her internship training, as per the restrictions placed on that completion by the Victorian Board, with a surprising lack of success.*

*We believe it to be clear that there is no shortage of positions available for a qualified doctor such as our client, and yet Dr Tsigounis has been unsuccessful in obtaining either a first or second year placement with any of the Public Hospitals in Victoria.*

*Our client was assured that the Board would render every Assistance to help our client obtain a placement.*

*Given the availability of suitable positions, our client's numerous applications for such positions and the Boards assurances that assistance would be provided to our client in obtaining such positions, our client is more than a little surprised that she has been so unsuccessful thus far.*

*We ask that, should the Board be aware of any reason why our Client has been so unsuccessful, the Board inform our client of that Reason. In addition, our client seeks the assistance of the Board In helping her obtain a placement".*

**51-52 I decided I would travel to Greece at the advice of my lawyer and obtain my European Medical Registration.**

**During the time I was in Greece, I kept in close contact with my lawyer who was still actively trying to find me a suitable placement to complete my internship requirements as set by the Victorian medical board.**

**In September of 1999, whilst I was still in Greece, a friend of mine, Dr Anthony Diamantaris, called the Department of Human Services on my behalf regarding suitable positions available for me.**

**Dr Diamantaris was assured by the Department that I would be guaranteed a position for the year 2000.**

**53. I came back to Australia in November of 1999.**

**Shortly thereafter Mr Cameron Rowe from the Department of Human Services informed me that a position was available to me at Geelong Hospital.**

**54. I waited for the paperwork related to the position to be sent out to me.**

**After not receiving the paperwork after approximately 2 weeks, I phoned Dr Forceps at Geelong Hospital who informed me that the position was not available because he had not received the formal documentation from the Victorian Board confirming they would fund this position.**

**55. For months I continued to look for a placement.**

**I wrote to every public hospital in Victoria, New south Wales, the Australian Capital Territory and the Northern Territory.**

**I found none.**

**56. In February of 2000 I received confirmation that I had been successful in obtaining registration in Greece and was registered as a doctor in the European Union. I then went back to Greece**

**And worked as a resident in anaesthetics.**

Professor Robert Adler had made the decision to place psychiatric conditions on my registration for *"lack of insight"*.

The material before him did not justify this decision.

Professor Adler's decision had resulted in me not being able to find a placement to complete my last rotation as an Intern, thus terminating my career as a doctor in Australia.

Professor Robert Adler was Deputy Chairman of The Medical Board of Victoria, Chief Child psychiatrist, and Director of psychiatry at the Childrens Hospital in Victoria. He was also a publisher of many articles and books regarding behavioural abnormalities of children.

During the meetings I had with Professor Adler my mind's eye echoed the words of my fellow colleague, Dr Chan, who had said to me on the day of my suspension *"the Board is in on it as well, the Board is in on it as well"*.

Professor Adler treated me with contempt and his evil permeated my very soul.

My barrister passed a document over to Professor Adler, relaying severe mistakes made by other Interns that year, many resulting in the death of the patients, but Professor Adler turned his face sharply away, disinterested.

It was my errors, not the errors of other interns that he was interested in.

This is despite the fact that a comparison of errors was crucial in determining the issue of my competency as an intern.

Professor Adler had trampled truth and reason.

The outcome of the meetings appeared to be pre-determined and served only as purpose to mask this disturbing truth.

Like gravity I was pulled down to the level of compromising when I signed the paper that Professor Adler had given me accepting that I had *"lack of insight"*.

That year, in 1998, a disturbing case reached the courts (VCAT) of Victoria, which involved Professor Adler.

It was that year that Professor Adler resigned from his position at the Children's Hospital and was shifted to a position as Deputy Chairman of the Melbourne Juvenile Justice Centre.

It was the case of *Santa Maria v The Department of Human Services in Victoria*. (DHS) (1995/038833. VCAT)

The DHS is a government body whose role is to protect children.

They offer services to parents in need and take children into their care who have been abused..

The DHS is required by law to investigate concerns that are revealed to them.

For non-urgent cases the DHS has no more than 14 days to investigate which involves contact with the child's carers, completing a comprehensive risk assessment form and detailed case notes which are kept in the child's file at the DHS.

In this case a father took the DHS to Court alleging that the DHS had repeatedly failed to investigate repeated concerns that his son, Asher, since the age of 2, and whilst in his mother's care, had been victim to a chronic type of satanic abuse that involved sodomy, torture, instances where the child was made to eat his own faeces, drink blood and witness another child being killed. He claims that this occurred whilst the child's mother was dating a child protection worker from the Victorian DHS and whom the child identified as one of the men who had hurt him.

The father had made repeated written complaints to the DHS over the years including forwarding photos and video recordings revealing abuse.

Similarly, a number of professionals whom had seen the child over the years had also made similar complaints to the DHS.

The father claims that the DHS had not only failed to appropriately investigate the complaints but have removed the evidence of the complaints that revealed abuse from the child's file.

During the hearing, the father and his de-facto gave evidence, as did a number of health professionals supporting the father's claims.

A child psychiatrist, who the father had taken the child to, to be assessed, gave the following evidence: *"the child's responses are most consistent with global abuse and there are strong indications of systematic abuse"*.

Similarly, the child psychologist said, *"The child's behaviour and play is indicative of serious emotional disturbance, hysterical behaviour and splitting of personality"*.

The child's general practitioner said, *"The child has been chronically sexually abused as demonstrated by his behaviour and by numerous conversations that I have had with him"*.

As evidence before the court was also 200 hours of audio taped material, taken by the father, and revealing the child's admissions of sexual abuse and torture.

Evidence of abnormal sexual behaviour by the child was also evident in this material before the court, as assessed by the above professionals.

The father said that medical files at the Children's Hospital containing photos of injuries including bruising around the anus went missing just before the case reached the courts.

Professor Adler whilst still the Director of Child Psychiatry at the Children's Hospital, was called as an expert witness by the DHS.

After assessing the material before the Court, Professor Adler gives the following evidence:

*"The documents provided to me suggest that DHS involvement has been thorough, that workers have attempted to respond appropriately to concerns and they have conducted a careful and thorough assessment of the situation.*

*The allegations of sexual abuse are based on the sexualised behaviours, which Asher is said to have exhibited by his father, by his father's de-factor and according to Dr Gatzago-Smith. (He leaves out the opinions of the other professionals in support of the father's case).*

*It is noteworthy that these behaviours have not been reported by workers at the childcare centre nor were they observed by DHS workers.*

*Asher himself does not appear to have made any disclosures of clear-cut sexual abuse.*

*The evidence of sexual abuse is based on bruising which has never been substantiated medically"*.

In relation to the audio evidence, Professor Adler states: *"unless all parties were aware and agreeable I question the weight given to this information, as clearly the person who is aware is likely to present himself rather differently to someone who may not be aware"* (he assumes that a young child has the mental power to change his behaviour in a way that supports the fathers claims).

Professor Adler concludes:

*"In summary the most striking feature of the circumstances surrounding Asher is his father's grave concern for his well being which appears to exceed the available evidence.*

*I feel that the sooner a definitive conclusion can be reached in this matter the better, as there is a risk to Asher of a different form of systematic abuse, namely, the risk to Asher of repeated unwarranted assessments"* (how can one compare, or assume as more serious, the systematic abuse of continual assessments of Asher by professionals to that of a possibility of systemic satanic abuse?)

(How can one say further assessments are "unwarranted" when more than 3 professionals that had examined the child gave evidence that the child had been chronically satanically abused?)

The Judge hearing the case, Judge Davies found the following: \*

**"I do give a lot of weight to the conclusions and the evidence given by Professor Adler in relation to the matters which he covered in his report to which I have referred and after having heard a great deal of evidence in this matter in my view there seems to be considerable basis for the conclusions that the Professor reached.**

**"I have grave suspicion of these tapes and other numerous tapes which the Applicant (the father) claimed were relevant because of the circumstances in which they were made.**

**Firstly most were made while the Applicant was enjoined by the Family Court from taping the child. (Why would the Family Court order that the father not video his son under such circumstances?)**

**Secondly after hearing the Applicant I am suspicious that the tapes were made selectively.**

**Thirdly after hearing all the evidence in this application and particularly that of Professor Adler it is quite apparent that the responses to the tapes where a person does not know they are being taped could have been to calculated questions asked.**

**In my opinion the incidents neither warrant investigation nor showed abuse.**

The father states that the Judge's Judgement was infested by fraud and cover-up.

He expressed horror at what the father calls "*a blatant abuse of power and truth*".

The outcome of the Judge's findings was consistent with previous decisions by the Family Court of Victoria that the child was at no risk in the mother's care and was to remain in the full custody of the mother.

After the case was determined in 1998, Professor Adler resigned from his position at the Children's Hospital.

Since the case was determined, numerous health carers made complaints to the authorities relating to the child exhibiting behaviour indicating of chronic abuse.

The father has since attempted to have further investigations into the matter but says each time; he is obstructed by the then Chief of Justice of the Family Court, Alistair Nicholson.

Labour Attorney General, Lionel Bowen, appointed Alistair Nicholson as Chief Justice of the Family Court of Victoria.

Alistair Nicholson held this position for over 16 years before retiring in 2004.

He is well known for his efforts and work to protect the children in Victoria.

Why then would Alistair Nicholson obstruct any further investigation into this case when new complaints from childcare workers had come forth?

A search on the web reveals the following information during Alistair Nicholson's reign of the Family Court.

He made court services particularly accessible to children in need and in particular to single mothers [The Age. 27/3/04. Court in the Balance as an era ends. By Margaret Simons].

Many believe that his decisions were glaringly unjust with an underlying sinister intent.

At times, he would, without apparent reason remove children from their parents and make them wards of the state.

At other times he would, without reason, fail to enforce orders for fathers to have access to their children, thus removing them from the scene.

He created special laws allowing mothers to make allegations of sexual abuse against the fathers without having to swear their evidence, clearing the way to false accusations against the father.

Some describe Alistair Nicholson's decisions as "monstrous", which have resulted in systematic abuse of children. (The World Today. 22/3/2005 by Elinor Hall)

Fathers rights groups from around the world lobbied against him. [The Age.] Melbourne. 21/10/98. By Caroline Milburn]

The Federal parliament of Australia was inundated with complaints against Judge Nicholson during his reign of the Family Court but no action was ever taken.

It has been stated that Judge Nicholson together with the other judges of the Family Court generated an atmosphere of secrecy where it is impossible to obtain true records of cases decided in the Family Court of Victoria. It was said *"Under the guise of pretence of doing well for society was a system that preyed upon and raped families physically, emotionally and financially"*. [SOS News. A Sad Day. The People against Family Court Abuse.].

The solicitor (Gabriel Kuek- Access Law, Victoria) and the Queen's Counsel (Barrister David Perkins) that had acted for the father in the Santa-Maria case became victims of abuse by the Australian System.

They were victimised, harassed and threatened.

David Perkins has since lost his licence as a barrister and the case against him was sinister where untrue and trivial allegations were put forth and relied upon as reason. [Herald Sun. MELBOURNE 16/9/04]

The Victorian Law Association has since falsely charged solicitor, Gabriel Kuek with mishandling of cases. [(Herald Sun. 31-10-2004) Satanists and Paedophiles by Andrew Bolt].

10 years after the Santa-Maria case was determined at VCAT, a child protection worker from the DHS in Victoria was arrested for possessing 10,000 pornographic pictures of children on his computer.

He had been working in the department for 15 years.

Three years before his arrest, a former colleague working for the DHS said that she had made a formal complaint in relation to this man's behaviour but the complaint was ignored and the evidence of the complaint destroyed.



[Herald Sun, Victoria, September 18, 2007. *DHS man quit after search*, by Carly Crawford. Page 12]

In 2002, after applying for a placement at the Townsville Hospital, the Queensland Board decided that I was to undergo a psychiatric assessment. The reason they gave was that psychiatric conditions had been placed on my registration in Victoria.

I was told I had to see Board Nominated Psychiatrist, Dr Donna Kippax. I complied with the request half heartedly as I wondered whether this meeting had the same intent as the psychiatrist chosen by the Victorian Board. I was careful during the meeting not to reveal any information of the past that undermined the System, as I was well aware that despite its truth, a psychiatrist chosen by the Medical Board could use the information against me. At the end of the meeting I asked Dr Kippax if I would have problems practising in Queensland and she replied, *"Possibly because of what had happened in Victoria"*.

I returned to the hospital to resume my work.

I had not been sent Dr Kippax's report but one month later I was called in by Dr Hodges who showed me the report.

I was lost for words as I read it and Dr Hodges touched my arm sympathetically and told me to ignore it.

In her report and after only one meeting Dr Kippax stated the following *"I too did not note any major signs of psychiatric disorder"*.

But said that I suffered from *"paranoid personality disorder"* *"Dr Tsigounis saw this process, and still sees it, as one in which administration was determined to hound her until she failed"*.

I was horrified that Dr Kippax had falsified what had been said during the meeting so as to make me sound "paranoid".

My initial doubts were justified and I felt annoyed that I had buried them and gave her the benefit of the doubt and that I did not succumb to taping the meeting.

The Medical Board of Queensland then placed the following psychiatric conditions on my registration. (Exhibit 34)

- You must submit to the medical supervision of an experienced general practitioner who should prescribe and supervise all medications other than those prescribed by treating specialists. You must keep the board

informed of the name of your current treating GP and authorise him/her to notify the Board if you fail to attend for treatment or review or if there is a significant change in your health status

- You must attend for treatment by a psychiatrist of your choice, at a frequency to be determined by the treating psychiatrist, at your own expense. You must authorise the treating psychiatrist to inform the board of termination of treatment or if there is a significant change in your health status
- You must attend for review by a doctor or doctors nominated by the board, as requested by the board. You must meet the cost of these reviews.
- You must work only in a supervised position approved by the board, and will adhere to any work restrictions placed upon you by the board.
- You must provide the board with the name of the person you have advised of your conditions and authorize release of reports from that person to the board as requested by the board
- You must authorise the Health Insurance Commission to release information (such as any self-prescription of medication, self-referral for investigative procedures and practice profile of services you may render to patients should this become relevant in the future) to the Medical Board of Queensland
- You must authorise Queensland Health to release information to the Medical Board of Queensland
- You must authorise the Medical Board of Queensland to release information regarding your progress on the health assessment and monitoring program to your employer/medical superintendent/practice CEO
- You must authorise the Medical Board of Queensland to release information regarding your progress on the Health Assessment and Monitoring Program to your treating psychiatrist and treating GP
- You must attend for a review interview with person/s nominated by the Board when requested by the Board.

I had been surprised at the extreme measures of the conditions and felt oppression associated with their compliance.

Despite this I did what I had to do.

I saw Professor Allen 3 times in the 9 months that I worked at the hospital and after my last meeting he completed the following report

*"I last reviewed Dr Tsigounis on 7th April 2003. She has attended regularly. She is well. She is on no medication and her attendance is for monitoring and some supportive psychotherapy. There are no issues".*

During the nine-month period that I worked at the Townsville I felt the need to obtain two other totally independent psychiatric assessments from psychiatrists that the Board did not know about.

I saw 2 psychiatrists from Sydney whilst visiting a friend there on my time off work. Their reports which are as follows were included before the court Dr John Shand wrote the following after three sessions:

*"From my assessment, I consider that this doctor does not suffer from any form of psychiatric disorder.*

*She has functioned well under difficult circumstances at times during her life.*

*She presented as an attractive, intelligent, young woman of superior verbal capacity and intelligence".*

Dr Arthur Ouzas wrote the following after 6 sessions:

*"I have been asked to review segments of the report by Dr Donna Kippax which was completed on the 24th April 200 and which was originally requested by the Medical Board of Queensland prior to Dr Tsigounis being accepted for an extended period of internship at Townsville Hospital.*

*Moreover her diagnostic opinion that Dr Tsigounis meets the criteria for Paranoid Personality Disorder.*

*I do not believe that Dr Tsigounis meets the criteria for this diagnosis.*

*In the first instance there is no evidence suggesting that a paranoid attitude has been characteristic of her long term functioning and certainly not of her functioning premorbidly prior to the reported difficulties in Medical School and subsequently.*

*She does not present with a sense of pervasive, unwarranted suspiciousness and mistrust of people and she does not present with a sense of restricted affectivity. In fact she presents as warm with a sense of humour and a normal range of affect. She is not guarded and she does not present as threatened, or defensive".*

## **POLITICAL PSYCHIATRY IN AUSTRALIA**

Political psychiatry is an undercurrent operating in the Australian System and a pernicious form of repression where the powerful modalities of medicine are used as an affront to actual deception and fraud.

In *Death of a Doctor*, by Sue Williams, Australian Doctor, Dr John Harrison states the following (peg 31)

*"Psychiatrists are used politically for writing bogus reports to support fascist regimes".*

*"Whenever a government agency wants to marginalise or destroy a citizen, it calls in the psychiatrists. There are always a few who oblige".*

Dr Jean Lenaine, a psychiatrist and vice president of Whistle Blowers Australia believes that the use of psychiatry as a form of political persecution commonly occurs in Australia.

She states

*"What tends to happen is that the aggrieved or litigant early on gets labelled as a troublemaker and mentally unbalanced, unofficially or with the help of a hired-gun psychiatrist"?*

Dr Lenaine believes that government body appointed psychiatrists commonly misrepresent what was said during the session and suggests people should tape the sessions. [1 BULLYING, CAUSES, COSTS AND CURES. A publication of the Beyond Bullying Association Inc. Editors Paul McCarthey, Michael Sheehan, Susanne Wilkie & William Wilkie]

In Australia the use of political psychiatry is most common amongst whistle-blowers.

A whistleblower is a person who is said to commit a truth about any form of corruption within the operation of the Australian System. [ Sawyer KR, 2004]

They are demoted, lose their jobs, are bankrupted and have their civil rights to the law and justice abolished.

In the process they are forced into an assesment by a government appointed or willing psychiatrist.

A false diagnosis or hyper-diagnosis is made, usually a personality disorder most commonly a paranoid personality disorder.  
The reports are then used against the individual.  
Many whistleblowers are then known to commit suicide[Dr Peter Gorman].

A recent whistleblower attack on a doctor that received some publicity in Australia is the case of neurosurgeon Dr Gerard McAllen( 4 ABC TV's Four Corners. 27/8/2007, by Paula Kruger).

Dr McAllen said he was outed from the medical profession after he blew the whistle and has since been unable to work in his profession[1995].

He states *'I'm seen as a filthy rat because I've actually joined the cause of the patients, I've decided that you can't actually be part of the doctor party and the patient party you're in one camp or the other'*.

In an article by the New South Wales Australian Medical Association the following is stated: ("Guidelines for Psychiatry "20/04/1993)

*"Where employees have raised concerns over corruption, mismanagement and where they are referred to one or more psychiatrists has become a common means of discrediting (and) getting rid of a person in a manner reminiscent of the Soviet use of psychiatry in dealing with political dissent..."*

- Masonic Psychiatry has been described in various literatures. [Children of the Matrix by David Icke]

It is stated that one of the pseudo-symptoms psychiatrists express as paranoia is *"a person who claims persecution and abuse by the Masons"*.

It is a barbaric form of social control by the Masonic eye.

The Red Back was pleased after the completion of this last strand.

He looked back and smiled.

He had managed to place it in a position that was almost perfectly camouflaged.



## **B. THE CORRUPTED PROCESS**





## CH. 4. THE "DREYFUS LEGAL TEAM"

*"There is one thing to which everyone in this country is entitled, and that is a fair trial at which he can put his case properly before the judge...no cause is lost until the judge has found it so; and he cannot find it without a fair trial, nor can we confirm it"*  
English Court of Appeal (Denning, Roma and Parker LJ) in *Jones v National Coal Board* [1957] 2 QB 55 at 67.

I needed a lawyer to conduct the appeal against the Medical Board of Queensland's decision to barr me from the medical profession.

Mr Mark Dreyfus was known to have political aspirations and was tightly linked to Victoria's State Labour Government.

He was also a Jewish Zionist which I did not know then.

He was promoted to status of silk in 1999 and was amongst the first group of Queens Counsel to be appointed after the Brack's Labour Government of Victoria came to power.

He was also the preferred barrister used by the Brack's Government to represent them on a variety of government issues.

Mark Dreyfus QC of Counsel (silk) was recommended as a barrister with previous experience with the Medical Board of Victoria.

In fact he was the preferred barrister used by the Victorian Board and in particular in cases against doctors [, Numerous cases in VCAT, June 2003, Dr David Anthony Vissenga].

Mr Dreyfus was more than happy to take on my case with the condition that I employ, also the junior barrister that he usually worked with, Jane Dickson.

Leone Brassier, a solicitor from Melbourne briefed them in my matter.

Mr Dreyfus wanted a percentage of the costs of the future court hearing paid upfront as well as continual payments of his tax invoices for the preparation of the case.

I trusted him and did what was required, feeling safe that the burden of my problems was now in his capable hands.

Over a 10-month period we had numerous meetings at Mr Dreyfus' office in the centre of Melbourne.

My entire legal team attended such meetings.

Usually, the meetings were dominated with discussions between myself and Mr Dreyfus with little input from Jane Dickson, who appeared vague, and Leone Brassier whose focus was skewed towards maximising her profit. Mark Dreyfus would make the final decisions and then direct the others to carry out the tasks.

As time went by, I noticed that Mr Dreyfus, had, as his intent, the desired political outcome rather than how to use the law to my advantage.

As the political wave swayed this way and that so did Mr Dreyfus' conduct and approach to the case.

I began to fear the meetings as the political influence was increasing as we approached the court hearing.

The Board kept delaying the issuing of a formal notice with a decision.

I expressed continuing concerns to Mr Dreyfus; I said [Memorandum, by Mr Dreyfus. 12 and 17 February 2004]

*"What if the Board refuses to issue an Information Notice with a decision, how long do we have to wait before issuing proceedings?"*

Mr Dreyfus replied *"The Board's ability to act is given to them from the Act, the governing legislation, and the power of the Board is from one source only, the Act"*.

*"Looking at section 287 of the Act, an entitlement to appeal flows only when one receives an Information Notice with a decision.*

*We can only issue court proceedings against a decision by the Board if an Information Notice is issued"*.

This seemed odd to me as I felt the decision by the Board had been made when they rejected my application in May of 2003.

One time after such a questioning Mr Dreyfus answered somewhat differently, as he cited the relevant section of the law.

He said, *"A decision needs to be made, that is to be one on which either an Information Notice is given or a situation whereby one is entitled to an Information Notice"*.

Surely I was entitled to an Information Notice 6 months after making the application.

The delays continued and I felt frustrated and oppressed as the Board issued one show cause notice after another and each time, after my detailed responses, failing to make a decision.

I said to Mr Dreyfus [Memorandum 12 February 2004]

*"Can we stop the Board from issuing one show cause notice after another in their attempts to delay the process whilst they searched for more evidence against me?"*

He replied *"in short, no"*.

But then added *"The Board is incompetent in the manner they are dealing with your issue and there are numerous errors in the process by the Board"* [Memorandum dated 17 February 2004].

From November 2003, the Board's process took on a new dimension, one that was described by Mr Dreyfus as *"outrageous, extraordinary, bizarre and crazy"*. [Memorandum 12/2/2004].

After receiving a reply to their November Show Cause Notice, the Board issued a letter stating, *"Deciding to Cancel Registration"*.

Mr Dreyfus describes this letter as a *"hypothetical decision"* or *"non-decision"*.

He says the letter is *"nonsense as it is not an Information Notice nor does it contain the prescribed information as stated by the Act"*. [Memorandum 17/2/04]

He reminds me that the only ability for the Board to act comes from the Act itself.

Fifteen days later The Board issues a *"Reasons for Decision"* letter dated 26 November 2003.

They were now calling their *"deciding to cancel"* notice a *"decision"*.

Mr Dreyfus says (Memorandum)

*"There is an argument that the Board's own letter says "deciding to cancel"*

*which, by its nature is decision and therefore appealable but this argument is not strong, given prescription under the legislation as to the requirements of an appealable decision”.*

*“Looking at section 287, entitlement to appeal flows from entitlement to receive Information Notice.*

*The requirements of an Information Notice, schedule 3, prescribes a range of information that are absent from the Boards November letters, therefore no right to appeal”*

*“Is it enough that Board acting “as if” to give Court power under the Act to review their unlawful decision?”*

He calls this issue *the Jurisdiction Issue*.

I reminded Mr Dreyfus it was 7 months since my application and urged him to begin proceedings.

Mr Dreyfus filed a notice of appeal with the District Court of Brisbane on December 2003.

This Notice was an appeal against the Board’s “Deciding to Cancel” notice. The Board then changed direction in attempts to further delay the process.

They were now saying that their November process was invalid, as my annual registration had lapsed in September, and I was therefore not registered under “*the Act*” so as to allow the process of determination of my application to continue. [Memorandum 12/2/2004.]

If that was so, then the Board had acted unlawfully.

Mr Dreyfus said, “*The Board had proceeded in this matter as if you were registered and were exercising their powers under the Act*” [Memorandum 17 February 2004]

He then tells me “*it was your responsibility to keep up your registration by paying and because you were not registered under the Act, the process in November does not hold*”. [Memorandum of the 17 February 2004]

I produced documents revealing that I had paid my annual registration fees 2 times that year. Mr Dreyfus did not accept the facts and told me to play along with the Board.

I checked with “*the Act*”, which states that the Board has the responsibility to remind doctors of pending expiry of registration by issuing a notice to that effect 2 months before the expiry date.

In my case they had failed to do this.

Mr Dreyfus said that this was a minor point and had no legal significance and to just *"play the game"*.

I proceeded to pay once again my annual registration fees.

One month later the Board issued me with a *"Restoration of Previous Registration Notice"*.

According to Mr Dreyfus the process of determining my application could now proceed.

But instead of proceeding to a decision The Board decided to issue another Show Cause Notice, known as the *February 2004 Show Cause*.

Mr Dreyfus made the decision to abandon the December appeal and to proceed as the Board wished..

In the February 2004 Show Cause , the Board accumulated new statements of complaints from the Cardiology Department known as the *"cardiology complaints"*.

Mr Dreyfus seemed disinterested in the issue that these complaints were not relevant to the subject of the appeal and told me to respond to them as if they were.

I responded to this new Show Cause Notice with a 50-page submission.

The Board proceeded to make a decision by issuing an Information Notice on the 26 March 2004.

On the same day, Mr Dreyfus lodged a Notice of Appeal at the District Court of Brisbane stating the following:

*"Dr Tsigounis has satisfactorily completed internship requirements in accordance with her conditional registration in that she has reached the necessary level of competence to practice unsupervised"*.

*"The Appellant's probationary registration (in this case being conditional registration or registration with internship conditions) be reinstated and extended for a further period or that the Appellant's probationary registration be reinstated but that the probationary conditions be removed"*.

Preparation for the court hearing begun with the construction of my Affidavit which was sworn on the 21 May and filed with the court on the 24 May, 2004. Exhibit 56

I spent numerous days with my legal team discussing its content and giving instructions.

I trusted Leone would complete it the way in which was discussed at the meetings.

I thought it odd that my legal team was unusually resistant in revealing the "source" documents in relation to the psychiatric issue in Victoria.

I had instructed my legal team repeatedly in writing to do this but Mr. Dreyfus had repeatedly refused with no apparent reason.

It was peculiar that Mr Dreyfus thought it necessary to reveal in my Affidavit that I had been suspended from duty from the Frankston Hospital in Victoria for "*psychiatric reasons*" and that "*psychiatric conditions*" had been placed on my registration as a doctor but was refusing to include the reports that gave reason to the events.

It was my opinion, which I expressed to my legal team repeatedly, that to say I was suspended from duty for "*psychiatric reasons*" and to say that the Victorian Medical Board imposed "*psychiatric conditions*" on my registration as a doctor suggested that a significant psychiatric problem existed.

To reveal the psychiatric reports and the report related to my suspension from the Frankston Hospital was in my favour as all psychiatric reports including the one from the Board nominated psychiatrist Dr. Judd, revealed that I suffered from no identifiable psychiatric illness.

Despite my insistence, Mr Dreyfus was refusing to include these documents as evidence before the court..

On the day before the Affidavit was to be filed with the court, Leone sent me a copy.

I was horrified at what I read.

My legal team were participating in covering up the Board's illegal process. The following fax was sent to my legal team that same day.

Jane Dickson

5 May 2004

Fax 03 92257728

For Mr Dreyfus to see

Leone has already been alerted to the errors.

Leone presented me with a poor Affidavit last night.

She has failed to include that the Board issued 3 Show Causes and instead refers only to the last one as the Board's Show Cause Notice.

She has deleted the events between May 2003 and early February 2004 including the jurisdiction issue, which was the source of a 6-month delay by the Board.

She has also failed to point out the delayed nature of the complaints and the factual inconsistencies of the claims.

She has the correct material before her and I have reminded her to present the Board's process as it happened.

I am concerned this has happened as it has omitted information that is the centre and strength of my case.

Please attend to correcting these errors as Leone has spent over 2 months preparing this incorrect document.

*Thank You*

*Signed Helen Tsigounis*

The date of filing of my Affidavit was extended.

On the day the revised Affidavit was to be filed, it was presented to me in much the same form as the original.

The following email was sent to Leone on the 14 May 2004.

Dear Leone,

Further to our numerous discussions today, I would like to clarify points that do not need to be discussed with every member of my legal team more than once, I want all Show Cause Notices and their responses referred to in my Affidavit.

I want all inconsistencies of the complaints pointed out.

The Judge needs to see that the witnesses against me are unreliable.... very important to the truth of my case.

I want the Boards inappropriate behaviour pointed out, i.e. the visit to the hospital by Dr Yuen and the fraudulent nature of her report that was relied upon by the Board.

To explain to you...if the witnesses and the Board have behaved inappropriately and inconsistently, which they clearly have.... to say the least.... then they are not reliable.

There is no room for debate on these issues.

Leone having meetings to discuss the same issues over and over again are not very economical for me and requesting tasks many times before they are done, whilst paying for each repetition goes without say.

Please send this email to Jane and Mr Dreyfus.

*Thank You*  
*Helen Tsigounis*



The following fax was also sent:

Jane Dickson  
Fax 92258647

15/5/04

Dear Jane, I am forwarding you a copy of the fax I have just sent Leone.

Please show Mr Dreyfus, as my Affidavit needs to be in today.

I have both emailed and faxed you numerous times in the past week reminding you to present the Board's process as it happened.

That there were 3 Show Cause Notices over a 9-month period before the decision was made.

The inconsistencies in the Board's process including the Jurisdiction issue have been omitted.

I have also instructed, numerous times to point out the inconsistencies of the doctor's statements of complaints.

There are many more factual errors.

My solicitor, once again has not correctly presented my case in my Affidavit.

*Thank You*  
*Helen Tsigounis*

The date of filing was once again extended.

The following is a fax sent to Leone Brassier:

Dear Leone

20 May 2004

I know I have mentioned this many times to you before, but because the Affidavit's you presented previously were factually flawed, I need to remind you of the following before I read the final draft tomorrow.

Present an accurate account to the Judge that there were 3 show cause notices.

You have stated that the 3rd Show Cause notice was the first, thus blurring the procedural errors made by the Board.

The three Show Cause Notices need to be presented in the chronology that they occurred.

The delayed nature and inconsistency of complaints are to be illuminated.

Failure to present the facts and the correct perspective of events to the Boards advantage is active manipulation of the case against my interest.

*Thank You  
Helen Tsigounis*

On the day The Affidavit was filed with the court, a fax was sent to Mr Dreyfus stating the following;

*"After our meeting today I discussed that incorrect information has been placed in the Affidavit. Mr Dreyfus replied that I had signed it and he was there when it was presented to me. I was told at about 4.45 pm to quickly sign it as it has to be in by 5.00pm and the court is unlikely to give another extension. I was astounded that Leone once again and despite my numerous instructions to her presented me with*

*this manipulated version of events. I had been reassured by her that she would correct all previous error.*

Of the Medical Board process the following was written in my filed Affidavit: (Exhibit 56. Par 211)

*"I first made an application to the Board for General Registration to the Board in January 2003. Following this application, which was supported by Dr Hodges, I was advised by Information Notice dated 28th January 2003 that the Board was not satisfied that I had completed the required 12 weeks of surgery. After further time at Townsville Hospital, in Surgery, I again applied for General Registration in May 2003. The Board then commenced an Investigation and in June 2003 a Show Cause Notice was issued. I responded to that notice, and to "later addendum with written submissions. In November 2003 the Board met and considered my application, its Show Cause Notice and my submissions in response. It then determined that any decision that it would have made at that time, had it had the power to do so, would have been to cancel my registration. Throughout the remainder of 2003 I was unable to work as a doctor as my registration status was unresolved". By the date on which this matter is before the Court, I will have been excluded from the medical workforce for almost 16 months. After considering my submission of 12 March 2004, the Board resolved on 23 March 2004 to cancel my registration ".*

I instructed my solicitors in writing that a supplementary Affidavit needed to be prepared and filed with the court to address the issues of the errors made in the medical board process including the fact that a decision was made 10 months after my application and that 3 show cause notices were issued. And also the fact that the complaints were of a delayed nature and were inconsistently reported and to also include the source documents regarding my suspension from the Frankston Hospital in Victoria and the material that resulted in the psychiatric conditions in Victoria. Repeated instructions had been given to my legal team on these issues well before the Affidavit was to be filed.

A supplementary Affidavit was not prepared.

The next issue was to obtain Affidavits from doctors that I had worked with in support of my argument that I had satisfactory completed internship requirements.

I instructed my solicitors to obtain Affidavits and use as witnesses my supervisors at the hospital who had completed the internship reports of chapter one. [Fax dated 17/5/04, 20/5/2004]

This was crucial in the determination of my case as is evident from the following section of my Affidavit. [Exhibit 56].

*"When I started as an Intern at Townsville Hospital, I was told to obtain assessments of my supervisors in each area. I did this and I forwarded these assessments, as required, to Dr Hodges, who was my mentor. The process was that it was up to get these supervisors, who were usually the Registrars or Consultants with whom I had worked with to complete the standard forms...*

*The Internship reports were the only formal assessments that occurred that were a standard requirement by the Medical Board".*

Despite my repeated instructions in writing my legal team failed to carry out this task.

This meant that these doctors would not be heard by the judge in relation to their judgements of me.

The next issue was to obtain expert witness opinion.

An expert witness gives his expert opinion, where the opinion is relevant. He was to be a doctor who was totally independent and whom I had not worked with.

He was to read all of the complaints and assessments that were before the Board when they came to their decision.

In discussions on this topic my brother in law, Peter asked whether medical experts were prepared to give opinions contrary to the Board?

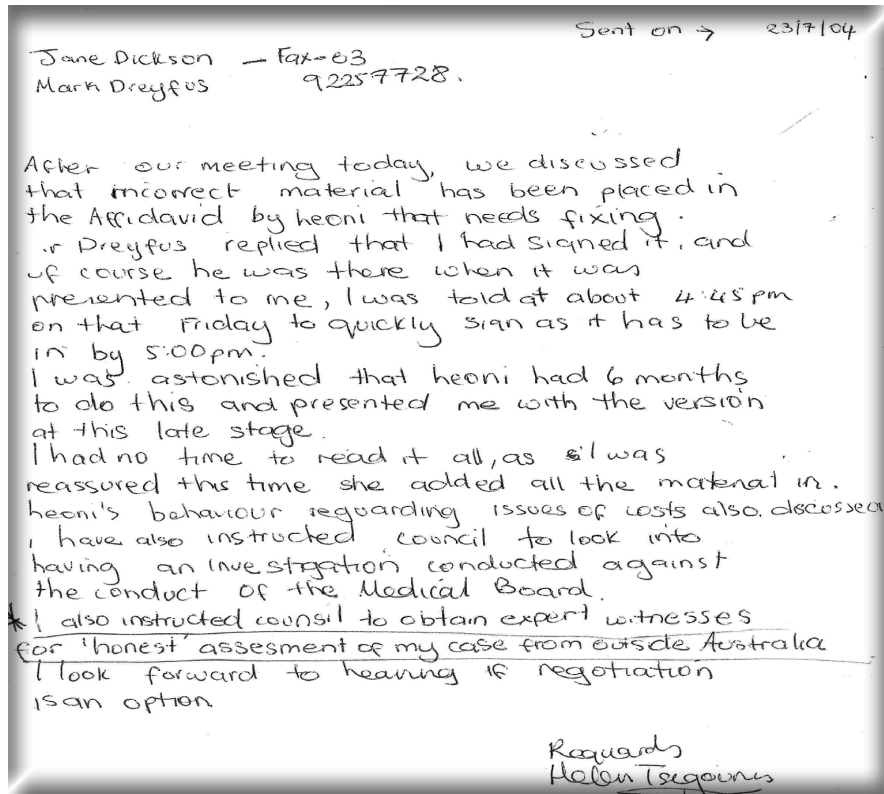
Both Mark Dreyfus and Jane Dickson said that in appeals involving the Medical Board of Victoria they had "struck" doctors who were prepared to give opinions contrary to those of the Board. [Memorandum by Russell Stokes, Connolly Suthers Lawyers. Townsville. Telephone conference with client

## The red back web

(Peter Konidaris and Helen Tsigounis, Mark Dreyfus and Jane Dickson on 26 July, 2004).

I gave written instructions, early on to my legal team to obtain expert opinion from doctors and Medical Boards outside Australia including Europe.

The following are faxes of instructions sent to my legal team during this period.



On the 26 July, I queried during a conference why expert witnesses had not been obtained from outside Australia?

Jane Dickson said that it was now too late to do so.

I discussed Australian Doctors who could be used with friends and gave instructions that I wanted Professor Paddy Dewan and Dr Zalman Rosenblum for this task which is evident in the following faxes I sent to all members of my legal team more than once.

|                       |             |          |
|-----------------------|-------------|----------|
| ***** TX REPORT ***** |             |          |
| TRANSMISSION OK       |             |          |
| TX/RX NO              | 0727        |          |
| CONNECTION TEL        |             | 92257728 |
| SUBADDRESS            |             |          |
| CONNECTION ID         |             |          |
| ST. TIME              | 20/06 15:51 |          |
| USAGE T               | 00'18       |          |
| PGS. SENT             | 2           |          |
| RESULT                | OK          |          |

Jane Dickson - Barrister  
Fax - 92257728

My mobile now  
is: 0601576850

Please show this to Mr. Dreyfus.

Dear Jane,

The expert witnesses, so far that I want included in my case as expert witnesses are

① Professor Paddy Dewan.  
This letter dated 2/June.

② Dr Z. Rosenblum.

Despite my instructions, Mr Dreyfus proceeded to obtain an expert opinion only from Associative Professor Rodney Judson from the Royal Melbourne Hospital.

In a fax dated 28/5/04 I expressed concerns about using Professor Judson as an expert.

I said, "He would most likely not give us what we want".

Against my instructions Dreyfus proceeded with Professor Judson.

When the Judson Report was presented to me during a conference on the 23 July 2004 it had been already been given to Phillips Fox, the solicitors acting for the Medical Board.

During this conference I described the report as biased and ordered my solicitors to exclude it from the evidence.

Mr Dreyfus refused.

The "Judson Report" was included as evidence before the hearing to support the Medical Board's case against me.

During our last conference, Mark Dreyfus said *"there is no realistic argument to be mounted for full registration and we are out of time to be pursuing further expert witnesses"*.

I was furious and decided to do the legal work myself.

I sent my desired expert witnesses all of the information and asked them to prepare a letter expressing their opinion.

I gained opinions from experts Professor Paddy Dewan, Dr Arthur Rosenblum and Dr Arthur Papagelis.

Initially my case was organised to be heard at the District Court of Brisbane by a Judge of the name of Rovin.

A preliminary hearing was then organised on the 29 March 2004 in Brisbane before Judge White in relation to the Queensland Board's request to have the case heard in Townsville.

My barristers appeared by video link.

The Queensland Board argued that the majority of witnesses for the hearing were from Townsville, and so the case should be heard in Townsville.

The weight of witnesses swung heavily towards Townsville after the Board collected statements of complaints from the Cardiology department in February 2004.

As a result Judge White directed that the hearing was to take place at the District Court of Townsville, to be heard by Townsville Judge, Judge Clive Wall.

A few days after Judge Wall was appointed, Dr Barry Hodges, one of the key witnesses revealed that he knew Judge Wall.

I gave instructions to Mr Dreyfus to have judge Wall disqualified from the case.

Mr Dreyfus refused.

One month before the set hearing in Townsville, organised for 5-days by Mr Dreyfus, Leone Brassier withdrew from the case after a 12-month employment.

She had received over \$50,000, some of which she did not account for.

She proceeded to bankrupt me with fraudulent tax invoices.

The trustee, Mr Lowenstein from Victoria, took my passport.

I forwarded to him the evidence regarding the fraudulent nature of Leon's tax invoices. He did not respond.

I made continual requests in writing to Mr Loebenstein over a three-year period to obtain my passport as I needed to travel to Europe to obtain employment as a doctor since I was unable to work in Australia. He refused me. Two complaints about Leone regarding misconduct were made to the Law Institute of Victoria. They were both dismissed as having no basis despite clear evidence to the contrary.

One week before the set hearing both Mark Dreyfus and Jane Dickson withdrew.

They had received over \$50,000.

In the last memorandum prepared by Mr Dreyfus he states,

*"Dr Tsigounis was advised that if she insisted that the case must be argued on her behalf is for full registration, counsel would feel bound to return the brief in this matter".*

And *"the current state of the evidence did not support the argument for unconditional registration and that there was not compelling expert or other independent evidence supporting Dr Tsigounis quest for full registration".*

Mr Dreyfus stated this despite the opinions of expert witnesses Professor Paddy Dewan, Dr Zalman Rosenblum and Dr Arthur Papagelis.

It was clear from Mr Dreyfus' Notice of Appeal to the District Court of Brisbane, filed on the 26 March 2004, Mr Dreyfus was then happy to argue the line of argument that I had successfully completed Internship training and was eligible for unconditional or full registration.

At the time of filing this notice, Mr Dreyfus had all the material that was to be relied upon by the Board before him.

A complaint was made to the Victorian Barr and Ethics Committee on the 22 November 2004.

This complaint was as follows.

The attachments to the complaint were included.

[File No BAR/04/086]



The Victorian Barr Ethics Committee  
Investigation Officer.  
Attention: Debbie Jones.

Dear Ms Jones,

I thank you for your letter dated 1/12/04.  
I am forwarding a summary of events regarding my situation.  
I will now answer the questions put forth with copies of supporting documents.

This is an appeal against a decision made by the Medical Board of Queensland to cancel my registration as a doctor which occurred one year after I completed my internship and three show cause notices later.

My solicitors were Mark Dreyfus, Jane Dickson, and Leone Brassier. All instructions were forwarded to Mr. Mark Dreyfus. At all times Jane Dickson and Leone Brassier followed instructions from Mark Dreyfus.

**~~Question (1): Failed to follow clear written instructions~~**

In accordance with the Victorian Bar practice rules pursuant to part 2 "Duty to Client" rule 10, Mr. Dreyfus did not follow my instructions as did not include "free and unfettered statement of every fact and the use of every argument that can legitimately lead to that end according to the principles and practice of the law".

Pursuant to part 2 "Duty to Client" rule 11 Mr. Dreyfus failed to "protect the client's interests to the best of the barristers' skills and diligence.

Pursuant to part 2 "Duty to Client" rule 14 Mr. Dreyfus failed to act on the following instructions in time therefore on "A Barrister must take all reasonable and practical steps to ensure that professional commitments are fulfilled, or that early notice is given if they cannot be fulfilled.

**(1) Failure to send letters of demand to my Medical Insurance despite initial agreement.**

~~Refer to documents included.~~  
This had the potential to cause financial obstruction to my case.

**(2) Failure to follow through instructions related to MBOV despite initial agreement. Refer to documents included.**

It was agreed in council that we would transfer my cases to Victoria and then appeal any adverse decision.

1. This had the benefit of speeding up any legal process in an appeal against any adverse decision by the Medical Board of Victoria, as VCAT and 2. We would be in familiar territory and 3. IT was always my intension to obtain registration at my place of residence.

**(3) Failure to follow instructions so as to present the best argument for my case that is General Registration.**

(a) Failure to include the most relevant witnesses before the court and failure to contact relevant witnesses for affidavits.

The witnesses' are- Dr. Aruna Munasinghe appointed registrar who assessed me after working with him in ICU, Medicine and 3 ½ months of Emergency.

**His ref is forwarded.**

Dr. Jim Holland – Registrar supervising me in Emergency Medicine for 3 ½ Months.

**His ref is included.**

Dr. Naada- My appointed registrar in Medicine who I worked with closely and who was appointed to assess me. **See ref included.**

The following registrars were my appointed supervisors for surgery who were appointed to fill out intern assessment forms and did so in my favor. **References included.**

-Dr. Cu Thai (Urology)  
-Dr. Kavsak (General Surgery)  
-Dr. Huvsu (E.N.T. Surgery)  
-Dr. Raad Almebdi (Vascular Surgery)  
**Refer documents (6)**

Failure to include affidavits from Interns I worked with. **Refer documents**

(b) Failure to point out inconsistencies and inaccuracies of witnesses against me, despite instructions. **Refer documents**

(c) Failure to limit witnesses to relevant witnesses.

- Refer to documents  
- Refer to preliminary hearing of 29/3/03, in Brisbane heard by Judge White  
(d) Failure to give all information relevant to my case before the court.  
- This includes Frankston Hospital. — **refer to instruction**

(e) Failure to appropriately subpoena relevant documents in order to obtain information that is to my benefit. **Refer to document**  
Refer to (day 3) of transcript during 4 day court proceedings in Townsville.

(f) Failure to point out particular conduct of Medical Board of Queensland despite their conduct being "poor".

-Refer to memorandums  
-Refer documents instructing Mr. Dreyfus to give all information regarding correspondence between Medical Board of Queensland and solicitors.  
-Refer to folder of information notices.  
-Refer to my instructions in documents.

(g) Failure to follow instructions in giving argument against a Judge from Townsville.  
-Refer to documents with my instructions.

-Refer to preliminary hearing transcript. (29/3/03, Brisbane heard by Judge White)

(h) Failure to disqualify Judge Wall from Townsville despite accepted bias by Mr. Mark Dreyfus and despite Judge Wall admitting to knowing one of the key witnesses (Dr. Barry Hodggers).  
-Refer documents.

(i) Failure to follow my instructions and include expert witnesses that strengthen my argument.

Refer Dr. Rosenblum

Refer Dr. A. Fompeyehis

-Refer to documents as to my instructions.

(j) Failure to follow instructions regarding obtaining expert witnesses outside Australia.  
**Refer documents.**

(k) Failure to correct Mr. O'Dempsey's affidavit ( the executive officer for Medical Board of Queensland as to his summary of events ) despite my instructions.

- Refer to O'Dempsey's affidavit.

- Refer to document as to my instructions

(L) Failure to follow my instructions and start proceedings against Townsville Hospital and Medical Board of Queensland for inadequate conduct.

-Refer documents.

### Conclusion.

All these shortcomings by MR. Mark Dreyfus and his failure to follow repeated instructions has resulted in manipulation of their argument and has weakened my argument for General Registration, as not all attempts and facts have been included before the Court.

**Qu 2 Failed to include crucial information before the court.**

**A. Failed to include crucial information in my Affidavit.**

1. **Details regarding Frankston Hospital and Victorian Medical Board in 1998/1999.**
  - i) Failure to include excellent references.
  - ii) Failure to include that suspension by Dr Eleanor Flynn did not offer Natural Justice.
  - iii) Failure to put suspension in perspective of mistakes that interns made that year.
  - iv) Failure to include bullying by Dr Eleanor Flynn.

**Documents included:**

- References
- Solicitor Jholf's letters
- Dr Oblongaters' letter
- Conversation Dr Nyagam
- Conversation with Dr Thevathansan
- Letter Dr Friedrich Chan

2. **Medical Board of Victoria (1998,1999)**
  - i) Failure to include members of board meeting including Dr Jo Flynn (Dr Eleanor Flynn's sister) and the conflict of interest.
  - ii) Psychiatric shopping until the Medical Board of Victoria found a Psychiatrist to make adverse finding.
  - iii) Failure to include 2 independent psychiatric reports that were before the Medical Board.
  - iv) Failure to include report from board nominated Psychiatrist Dr F Judd.
  - v) Conditions placed on my registration by the Medical Board of Victoria incongruous with Psychiatric reports.
  - vi) Failure to include great attempts made to complete internship in Victoria.

**Documents included:**

- 3 Psychiatric reports.
- conditions placed by the Medical Board of Victoria.
- Information by Solicitor Tanya Cirkovich

3. **Townsville Hospital (2002, 2003)**

i) Failure to give appropriate weight to doctors that I was assigned to work with as an intern and doctors who I have never seen that made very delayed complaints against me, or doctors that I worked with briefly as a second year doctor.

Dr Aruna Munasingh (register in ICU 6 weeks, Medicine 3 weeks Emergency 3.5 months)  
 Dr Naada (Medical Registrar 3 months)  
 Dr Jim Holland (emergency 3.5 months)  
 Dr Ian Shellshear (consultant Paeds 6 weeks)

- See references included.

- ii) Failure to include inconsistencies of witness against me over 1 year period and 3 show cause notices.
- iii) Failure to point out Medical Board's prompting witnesses against me well after I left hospital.
- iv) Failure to point out key letter of Dr P Keary dated 29/09/03 and its significance.

**C. Failure to include supplementary affidavit**

**D. Failure to include corrections in O'Demsey's affidavit.**

**Failure to include expert witnesses in my favour**

Prof. Paddy Dewan's letter  
 Dr A. Foxpage's letter  
 Dr Rosenblum's letter

**F. Failure to include crucial information regarding medical school.**

**G. Failure to include crucial information regarding blacklisting system at Monash Medical School involving Dr M Oldmeadows (Subdean) and Professor R Porter (exDean now resides in Townsville).**

**H. Failure to include non-compliance of Medical school in 1994/1995 to FOI**

If the above are crucial information regarding my argument and registration. Mr Dreyfus, by not including this information before the court, despite my repeated instructions has omitted information which strengthens my argument and weakens the argument of my opponents. He has also covered poor conduct and breach of "code of conduct" rules by the Medical Board of Queensland and Hospital.

By failing to do the above, Mr M Dreyfus has not acted in accordance with the Victorian Bar practice rules.

In particular:- "Duty to Client" section.

**Rule 10** "defending a client's rights and of protecting the client's liberty or life by the free and unfettered statement of every fact and the use of every argument and observation that can legitimately lead to that end according to the principles and practice of law."

**Rule 11** "A barrister must seek to advance and protect the client's interest to the best of the barrister's skill and diligence, uninfluenced....."

Dr Cu Thai (Surgery Registrar to whom I was appointed to)  
Dr Kausak (Surgery Registrar to whom I was appointed to)  
Dr Raad Almedi (Surgery Registrar to whom I was appointed to)  
Dr Huvsaa (Surgery Registrar to whom I was appointed to)  
Dr Andrew Coley (Consultant in Emergency Medicine)  
Dr Neil Small (never spoke to or saw)  
Dr Cooksley (minimal contact)  
Dr P Lukas (never saw)  
Dr J Lukas (never saw)  
Dr Priantha R (cardiology 1 week, 2nd year doctor)  
Dr P Martin (cardiology 3 days, 2nd year doctor)

ii) Failure to include what the hospital put before the Medical Board of Queensland at time of application for registration

Jan2003 (see documents)  
April2003 (see documents)

iii) Failure to include inappropriateness of hospital (Dr P. Keary) to include well after completion of internship false hearsay information from Dr Julia Ashley to Medical Board of Queensland which began an investigation against me. The hospital could have clarified this information before it was sent to Medical Board by:

a) checking Medical notes  
b) discussing it with myself  
They did neither.

• Document of Dr P. Keary included.

4. Failure to include psychiatric assessment during Intern year - Dr Shand. Document included  
Medical Board of Queensland

i) Failure to point out breach of code of conduct of Medical Board of Queensland. Eg of this (See Qu 1)

ii) Failure to include inconsistencies and procedural unfairness of Medical Board of Queensland.

• Documents included:  
Folder notices with summary

c. Failure to include crucial material before the court

i) Failure to include Affidavits or supener relevant witnesses before the court. .

Dr Aruna Munasingh  
Dr Naada  
Dr J Holland  
Dr Cu-Thai  
Dr Kausa  
Dr Huvsaa  
Dr Raad Almedi

All appointed registrars that I worked with that, were appointed to assess me.

Qu 3 Failed to include or subpoena the most relevant witnesses to strengthen my case (despite my instructions).

i) Mr Dreyfus failed to get Affidavits or subpoena the most relevant witnesses ie Appointed Registrars and consultants who assessed me.

These are:  
Dr Aruna Munasingh  
Dr Jim Holland  
Dr Naada  
Dr Huvsaa  
Dr Cu-Thai  
Dr Kausak  
Dr Raad Almedi

i) Other interns whom I worked with and helped numerous times throughout the year.

ii) Mr Dreyfus failed to get Affidavits from Consultants, Registrars and Interns, whom I worked with at Frankston Hospital and who were appointed to assess.  
iii) Mr Dreyfus refused to get an affidavit or subpoena Dr Yuen from the Medical Board of Queensland who began this process against me and reported grossly inaccurate information. (See Qu 1)

Qu 4. Burying information to minimise the strengths of my case

i) Refer to 3 as relevant witnesses

ii) Not pointing out and including the strengths of my argument. Refer to 1 and 2.

iii) Burying dated 29/08/03 by Dr P Keary Director of Clinical Training at Townsville hospital. The most important letter regarding the argument against me.

Qu 5. Changing the perspective of my case to the benefit of my opponents

Refer Qu 1, 2, 3.

Not pointing out 3 show cause notices ie 3 attempts at forming argument against me in 1 year

Allowing irrelevant witnesses before the court with inconsistent complaints of a very delayed nature ( upto 1 year later).

Dr Neil Small (was in England at the time I worked in Emergency)

Dr P Lukas (I have never seen)

Dr K Gellhar (made complaints 1 year after I left hospital about a patient she never saw)

Dr J Ashley (complaint based on inconsistent hearsay)

Dr W Frishman (addressed concern 1 year after I left hospital)

Dr J Lukas (I have never spoken to)

Mr Brian Pugh (Not a doctor, he is an Administrator, I had a brief conversation with him regarding my resignation)

Nurses whom I did not know and had minimal contact with.

## The red back web

Mr Dreyfus did not act in accordance with the Victorian Bar practice rules pursuant to part 2 "Duty to Client".

This has resulted in giving increasing weight to irrelevant witnesses against me, that should not have been relied on as evidence.

### Qu 6. Allowing incorrect information before the Court.

- i) Report of Dr Yuen from Medical Board of Queensland with gross inaccuracies used in show cause 1 dated June 11/03.
- ii) Refer to complaint to Law Institute of Victoria.
- iii) Refer to faxes sent regarding correction of complaints.
- iv) Refer to faxes sent regarding Mr O'Dempsey's Affidavit (Executive Officer of Medical Board of Queensland).
- v) Refer to preliminary hearing in Brisbane dated 29/10/03 before Judge White.

### Qu 7 Expert Witnesses

#### 1. Dr Z Rosenblum

Dr Rosenblum read all complaints against me and wrote in his handwriting his own view. We got this typed and he signed it (refer document). Mr Dreyfus then asked him to change this by giving him instructions x (refer to document). He then called him directly and told him to change from General Registration to conditional registration (refer to tape)

When Dr Rosenblum failed to do this, Mr. Dreyfus did not include Dr Rosenblum's opinion before the court despite my instructions.

#### 2. Professor Paddy Dewan

After reviewing all material Dr Dewan wrote letter y (refer document). Mr Dreyfus did not include this before the Court despite my instructions (see Qu1) and instead sent him document y (refer). So once again to change argument against me.

Mr Dreyfus refused to place Dr A  
ourt opinion of General Registration before the  
• Refer to documents

His interference clearly states Mr Dreyfus tried to weaken my argument and create one for conditional registration rather than full registration which were my only instructions. This was done to cover up the grossly inaccurate decision made by the Medical Boards.

### Qu 8. Without consent creating expert witnesses and giving them my opponents to be used against me.

My instructions to Mr Dreyfus over a 10 month period was to create an argument for General Registration

- Refer to documents

My instructions to him were to only use expert witnesses who were in my favour. That is an argument that I have successfully completed internship

- Refer to documents

Without my consent he used expert witness Professor Judson's report by giving it to my opponents without my consent. This report Mr Dreyfus charged me \$5,000 and placed it before the Court despite my instructions. My opponents are using this report against my argument for General Registration.

- Refer to document

### Qu 9. Failed to follow instructions or give instructions related to my medical insurance rights.

- Refer to Qu 1.

### Qu 10. Allowing unnecessary delays.

Refer to summary 2 and in particular dates

This has allowed the Medical Board of Queensland to keep going back to the Hospital up to 1 year after I left to gather complaints against me, once determining the previous ones to be invalid.

This has also allowed procedural unfairness.

### Qu 11. Failed to do application to have Judge Wall disqualified.

- a) Despite instructions not to have a judge from Townsville. See Qu1. An argument in support of this was not given to Judge White from Brisbane during a preliminary hearing to decide on the Judge and venue.
  - Refer to Transcript (29/10/03)
- b) Mr M Dreyfus admitted bias on behalf of having Judge Wall from Townsville hearing the case. From the moment Judge Wall was appointed Mr Dreyfus stated that I will not get General Registration as this Judge will protect the Medical Board of Queensland. Despite this he made no attempt to disqualify this judge despite my instructions.
- c) Despite the fact that Dr Barry Hodggers one of the key witnesses admitted to knowing Judge Wall, Mr Dreyfus did not act to disqualify Judge Wall despite my instructions.



***Qu12 Terminated his services 1 week before the hearing dated 23/08/04***

This is a breach of Rule 14 "Duty to client" of Victorian Bar Practice rules. Despite initial agreement that Mr Dreyfus agreed that he would be doing this case and forming an argument for general registration, he terminated his services 1 week before the hearing stating he will not put forth an argument for general registration in front of Judge Wall because Judge Wall will not have it.

He did not return the 10,000 deposit for the Court proceedings. Refer to letter to Mr M Dreyfus at the time of his withdrawal.

***Qu13 Underestimating the length of proceedings***

Mr Mark Dreyfus placed only 5 days of hearing in front of Judge Wall despite knowing there would be 38 witnesses. This was a severe underestimation. Judge Wall was unable to extend his time beyond the 5 day hearing. As a result the hearing was adjourned for 6 months to be continued on 31/01/05. for 3 weeks.

***Qu14 Without my knowledge met with members of the Victorian Medical Board***

He would do this continuously over 10 month period. Mr Lou Mastandrea (Ph 03 9391 4493) during one of the meetings confronted Mr Dreyfus who admitted to doing this. His secretary admitted that members of the Medical Board of Victoria were coming into his office pressuring him to obstruct the case.

Mr Mark Dreyfus had conflict of interest in doing this as he was the Barrister the Medical Board used. (Refer to documents)

***Qu15 Threatened and pressured into signing documents to withdraw a complaint made to the Law Institute***

Medical Board of Queensland

By not following my instructions Mr. Dreyfus has failed to act on and include information regarding to breach of "code of conduct" by the Medical Board of Queensland.

In particular the Medical Board of Queensland has failed to comply to rule 2.4 "Diligence" section and rule 4.2 "independent Decision Making" section as set out in "code of conduct rules for Medical Board of Queensland. The following are examples of this.

(1) At the time of completion of Internship April 2003, I was appointed by Townsville Hospital as a second year doctor in which I accepted. A folder including references from supervising doctors and letters by appointed mentor and Deputy Director of Clinical Training, Dr. Barry Hodggers were sent to the Medical Board of Queensland with an application form for general registration (refer document). The Medical Board of Queensland ignored all this vital information by my supervising doctor and relied on inaccurate and unsubstantiated hearsay from Dr. Julia Ashley to begin an investigation regarding the complaint that was sent by her via email. Dr. Yuen from the Medical Board began an investigation 1 month after I completed my Internship and 3 days after I left the hospital and this resulted in show cause #1 dated 11/7/03.

Further Dr. Yuen from the Medical Board of Queensland began an investigation which occurred 15-16 May 2003. She reported back to the Medical Board of Queensland false information in particular regarding the 2 hearsay complaints that began the investigation. She did this despite easy access to information that would have clarified the "falsities.

She reported that- "Dr. Tsigounis saw a patient with meningitis in the emergency Dept. A lumbar puncture was performed, the patient was given a dose of antibiotics and sent home. Dr. Tsigounis did not discuss the case with the registrar. The patient was later recalled when the L.P. results indicated bacterial meningitis". The patients notes and affidavit were later subpoenaed regarding this patient proves all aspects of her statement were false.

"A patient required a vaginal swab. A rectal swab was performed, then a vaginal swab using the same swab".

This was also false and based on inconsistent hearsay as proved on the first day of the hearing.

Reported "Frequent absences from work" This was contradicted by Dr. Hodggers report and "time sheets". I did not even take off 1 day during my Intern Training in Townsville.

"Dr. Tsigounis discontinued her Emergency Dept after 2 weeks".

This was also false. It was documented all along by the hospital I spent 3 ½ months in Emergency which was more than adequate.

This information was relied on by the MBOQ in their June 11<sup>th</sup> show cause notice to cancel my registration.

The Medical Board of Queensland instead of granting me General Registration bases on relevant information forwarded they began an investigation 1 month after I completed my Internship and 3 days after I left the hospital. This investigation began secondary to an email sent to them from Dr. Julia Ashley a doctor that was not my appointed supervisor. She stated she had concerns regarding 2 incidents that were never brought to my attention whilst I worked at Townsville Hospital. Her email to the Medical Board was based on inaccurate hearsay which she used to address her concerns. She had not seen any of these patients at the time of the alleged incidents.

Breach of section 2.5 "Economy and Efficiency" section of code of conduct rules that the Medical Board of Queensland needs to follow.

Mr. Dreyfus and the Board have allowed frustration of the legal system and abuse of use of public resources, by not following my instructions to act upon the above.

The MBOQ has used public resources so as to employ solicitors over a one year period in 2003/2004 to visit Townsville Hospital and come up with complaints using direct solicitation. This included approaching any staff of Townsville Hospital who may have contact with me during my employment there up to 1 year later.

This form of collection of complaints occurred before and after each show cause notice and especially when allegations in previous attempts by the Medical Board of Queensland were unsubstantiated no longer be used against me. In particular Dr.P Keary's letter dated 29/8/03 in response to Medical Board of Queensland letter dated 19/08/03, which states allegations in show cause #1 were unsubstantiated. This should have ended my registration issues. Instead the Medical Board of Queensland sent solicitors to Townsville Hospital to obtain more complaints by direct solicitation.

The MBOQ have breached "Accountability to the public" rules section 4.3 in that "the Boards obligation to observe the rules of natural justice in decision making processes. The rules of natural are essentially about procedural fairness.

- A summary of relevant dates and letters forwarded which support this.
- Show cause #1 dated 11/June/03 and response dated 18/8/03 also included.

#### Townsville Hospital

By not following instructions Mr Dreyfus has failed to act on poor conduct and breach of Resident Medical Officer state-award under which I was employed at Townsville Hospital.

- I worked up to 16 days continuously up to 18 hours a day
- I worked at times 3 days in a row without leaving the hospital and being the only doctor in charge in the hospital regarding the relevant units.
- The hospital sent an email by Dr. Julia Ashley well after I completed my internship which was based on false hearsay in which the Medical Board used to begin an investigation instead of giving me my general registration. The hospital knew Dr.Ashley was not involved with patient care regarding patients involved in the complaint.

The hospital at all times could have clarified the "false information" before sending it off to the Medical Board by checking Medical notes regarding in particular "the meningitis patient" which they used in later show cause notices.

Also refer Dr.P. Dewans letter pointing out poor conduct of the Medical Board of Queensland.



Under Australian Law, attempting to pervert the course of Justice is a criminal offence to be jailed up to 25 years.

The Victorian Barr Ethics Committee dismissed the complaint stating the following *"the committee was satisfied that the complaint was lacking in substance and that there was nothing contained in your complaint to suggest that Mr Dreyfus acted unethically or unprofessionally.*

*The committee considered that your material does not provide any objective, substantive or credible information to support your allegations. The sum total of the voluminous documentation you have put before the committee amounts to nothing more than conjecture, assertion and innuendo and does not contain any credible evidence or information sufficient to justify the very serious allegations contained in the complaint. Your complaint is full of unsubstantiated statements and supposition and the Committee proposes to take no further action in this manner".*

The Committee then said, *"Mr Dreyfus is a former member of this committee. He ceased to be a member at the time your letter of complaint against him was received"* [Debbie Jones, Investigations Officer. Ethics Committee of Victoria. 2004]

The Dreyfus Complaint was then referred to the Victorian Legal Ombudsman, Kate Hammond. No action was taken.

A letter to the Department of Justice was replied to as follows:

"The Attorney General, the Hon. Rob Hulls MP, has asked me to thank you for your letter of 2 September 2005 and to respond on his behalf.

From your letter, I understand that you have made complaints to the Victorian Bar Ethics Committee, the Law Institute of Victoria and the Legal Ombudsman about the conduct of the legal team you employed to represent you in an appeal against a decision of the Medical Board of Queensland. The legal practitioners against whom you have made your complaints practise in Victoria. You have advised that your complaints have been dismissed by the Victorian Bar Ethics Committee, the Law Institute of Victoria and the Legal Ombudsman.

You are dissatisfied that your complaints have been dismissed and you have asked the Attorney General to assist you in this matter.

The Attorney General does not investigate complaints about legal practitioners. Given the important role that the legal practitioners often play in representing individuals against the state, the regulation of the legal profession in Victoria occurs independently of the Government.

The "Legal Practice Act 1996" establishes a process for handling complaints about the legal profession that is independent of the Government. The process involves the Law Institute of Victoria, the Victorian Bar and the Legal Ombudsman, who is an independent statutory officer who is not a lawyer. It is critical that these regulatory bodies are able to act in an impartial manner without the threat of political interference. The Attorney General has no power to intervene in a matter that is under consideration, or has been considered, by these regulatory bodies." [Department of Justice. 26 September 2005]

Mr Dreyfus has since been promoted by the government and is now a Labour Government MP.

Jane Dickson has since been promoted from junior barrister to the status of silk [The Herald Sun, "The silks road, a long, tough climb for women. By Liz Porter. 17-12-2006).

## CH. 5. THE DISTRICT COURT

*“Procedural fairness is denied where a decision-maker, in the exercise of its discretion, fails to adjourn proceedings where such failure has the effect of depriving a person of an adequate opportunity to prepare or present his or her case”*

In the Laws of Australia (Law Book Company, Vol2 p38 [43].  
Sullivan v Department of Transport

I employed Mr Prospero Franzese to conduct the 5- day court hearing in Townsville . Prospero was from Melbourne and had his origins in South Italy. He was short with broad shoulders, an olive complexion and had unruly black hair.

He would often mention his wife Vivienne, and describe her as being fair with red hair making a point that she, being from Northern Italy, was more civilised.

Prospero seemed confident to conduct the case and appeared unmoved and without concern when I told him the case was political and laughed when Jane Dickson had called him and told him that the case was like being in the middle of a mine field.

We spent an entire week in meetings discussing the case from his small office in South Yarra.

We had agreed that a supplementary affidavit needed to be prepared and included in the evidence before the court so to include all the information that Mr Dreyfus had left out.

As the week came to an end and after I had sworn this new affidavit in front of a justice of the peace and signed it, Prospero refused to take the necessary steps to have it filed with the court.

He said, *“They don’t want it in, and anyway your case is strong enough without it”*.

It was clear to me that *“they”* were in control of my solicitors and that *“they”* were trying to hide the events behind the issues in Victoria.

I left the matter at that, and Prospero and I travelled to Townsville together.

The morning was bright and hot as we walked towards the District Court of Townsville both aware of the local journalists taking pictures of us.

We tried to appear relaxed and confident as we sweated beneath our suits more from our anxious state than from the tropical heat.

Prospero pointed out the Masonic lodge which stood grandly across the street from the smaller court building.

It had a face of secrecy with its strong and solid walls, shielding its happenings and no clues to percolate its walls.

In the court room, Prospero tried to appear relaxed as he shuffled through the notes I had prepared for him that evening, glancing over to the row of barristers and solicitors that were to represent the medical board.

David Tait, a beastly looking man with eyes, like slits of an alligator, moved towards us and introduced himself as the senior barrister who was to conduct the case for the Medical Board.

He looked down at Prospero with a supercilious arrogance asking him of his credentials and where he usually practiced.

No doubt Mr Tait felt that Prospero was no match for him as he was only a solicitor of ethnic background without the added advantage of a well established network of support.

He also knew that Prospero was new to a case that had begun over a year ago that he himself had been familiar with the entire time.

Judge Wall walked in with an elegant air and his presence filled the room.

He was a small man with a slender build, around 60, and I was surprised that he was casually dressed and did not wear a wig.

With one look into his stony cold eyes I knew that it was he, now, who was to be my tormentor.

The following is a section of the Court transcript on the morning of day one of the Hearing. (23/08/2004-Wall DCJ)

*His Honour: "...could I see you both in my chambers for a moment, Mr Tait, Mr Frenzies?"*

**COURT ADJOURNED FOR 20 MINUTES.**

*His Honour: Yes. Now, I should just place on record that I saw Mr Franzesi*

*and Mr Tait in my chambers. Mr Franzesi told me that he was a legal practitioner in Victoria, but he wasn't admitted in Queensland.*

*Now Mr Franzesi, are you aware of the provisions of the Legal Profession Act 2004.*

*Mr Franzese: In Queensland Act, I'm not aware of all the provisions, no.*

*His Honour: What provisions are you aware of?*

*Mr Franzese: Well, I'm aware to some provisions in the District Court Act that relate to leave for interstate practitioners.*

*His Honour: Well, what provisions are they? Well, the legal profession Act-Well, just tell me, do you have professional indemnity insurance?*

*Mr Franzese: Yes I do.*

*His Honour: And does that professional indemnity insurance cover legal practice in Queensland or only in Victoria?*

*Mr Franzese: Well it covers practice incidental to my practice in Victoria.*

*His Honour: So it doesn't cover legal practice in Queensland.*

*Mr Franzese: I don't think so, no. I couldn't say off the top of my head.*

*His Honour: And you have taken no well, you haven't taken any steps at all such may be required under the legal profession act to secure an entitlement to practice in Queensland?*

*Mr Franzese: No, Your Honour. I am instructed that the Appellant can appear in person.*

*His Honour: Now, Mr Tait what is your view?*

*Mr Tait: Your honour, my friend referred to the District Court Act, and there may well be-I think there is a provision there referring to appearance by an agent, but the legal provision act 2004 is a later and much more definitive piece of legislation in this issue. Section 74 provides, "A Requirement for interstate practising certificate and professional indemnity insurance"- s 74.1 "An Interstate legal practitioner must not engage in legal practise in this jurisdiction or represent or Advertise that the practitioner is entitled to engage in legal practice in this jurisdiction unless the Practitioner (a) is covered by professional indemnity insurance, which (1) covers legal practice in this jurisdiction, and (2) complies*

*with the requirements prescribed under a regulation, being Requirements that are no more onerous than the requirements under section 50, or (b) is employed by In-house legal service,”*

*In my submission, that provision would overrule any very general discretion to allow an agent to appear in-under the District Court Act, which normally one would expect be an unqualified person...*

*His Honour: Well, I've just asked my associate to get me the District Court Act... Well; Mr Franzese has conceded that he would not appear to have professional indemnity Insurance that covers legal practice in Queensland,*

*Mr Tait: In my submission, that's the end of it*

*His Honour: Yes. Well, what section of the District Court Act do you rely on Mr Franzese?*

*Mr Franzese: Well, I- basically a section that I appear on behalf as agent and not as actual paid legal representative. I don't have the Act in front of me of Queensland.*

*His Honour: Section 52 of the District Court Act provides that "a party to an action or other proceeding under this act may appear in person or by a barrister or solicitor or by any other person-or by any person allowed by special leave of the judge in any case. But a person not being a barrister or solicitor of the Supreme Court shall not be entitled to claim or recover.... a sum of money for appearing or acting on behalf of another person in the district court".*

*Well, what do you say Mr Tait about whether I should grant special leave to Mr Franzese?*

*Mr Tait: I have no instructions to the point, but my submission as bearing in mind my obligation to the court as counsel would be that it would be inappropriate to grant such leave.*

*Until last week Ms Tsigounis was represented by Queen's Counsel and a junior Barrister both of whom appeared before Your honour in applications by video link...in my submission, it would be appropriate to allow-it says-special leave indicating something more unusual than just leave*

*in circumstances where somebody had no money, where somebody had a disability that they couldn't speak, something like that, and the matter was relatively perhaps simple so that it was within the scope of the agent.*

*His Honour: No, well I don't think that special leave should be granted... what do you say Mr Franzese?*

*Mr Franzese: Oh, Your Honour, I really can't say much to that except accept it. What we'd require is a short break so that the appellant can prepare herself to represent herself'.*

*His honour: Ys, all right. Yes, well I'll give you leave to do that. But, Ms Tsigounis, do you realise that you'll have to conduct the case yourself?*

*Appellant: Well, I have no choice?*

*His Honour: Well, I don't think you do. I don't think you do have a choice.*

#### THE COURT ADJOURNED AT 11.55 AM.

I stood spellbound for a moment trying to register what I had just heard.

*"Am I to conduct the case myself?"* I asked Prospero.

Yes, he whispered.

Fear and terror overwhelmed me as my eyes roved around the unfamiliar room, tears flowing down my cheek, welling up for the misery that was to come.

I felt helpless in the unescapable trap into which I had been led.

Prospero seemed immobile as he said to me in a shaky voice, *"you will be fine, just ask questions"*.

He then broke free from my clutch and hurried out of the court room in search of a new solicitor.

#### THE COURT RESUMED AT 12.20 PM.

It began...

I took a deep breath, ignored the cramp that had developed in my stomach and listened to the following opening made by Mr Tait.

I focused hard trying to pick up as much legal talk and procedure as possible and at the same time horrified at the outrageous distortions of the facts that Mr Tait was stating.

The following is part of the court opening by Mr Tait:

*Mr Tait: "The Board, having found Ms Tsigounis should not be registered as a doctor concentrated on a number of aspects. There are seven different key incidents disclosed by the material and I'd be in a position to hand up a document which lists this. It's three pages in length.*

*The first incident is the meningitis patient whose initials are JY and this occurred on the 27th of January 2003.*

*The appellant saw this patient, a young male, who had headache, a severe headache, photophobia\*, a stiff neck and an elevated temperature- or a fever perhaps. Your Honour, I'll be corrected by Ms Tsigounis no doubt in due course.*

*Appellant: Can I actually butt in now or not?*

*His Honour: No. No, you can't*

*Mr Tait: I-I'm certain about the photophobia, the stiff neck and the severe headache. I thought it was an elevated temperature or fever. It may be something else. In any event, these signs and symptom of a headache ought to have placed an intern on notice that there might be a condition called meningitis, which is an inflammation of the meninges covering the brain. Meningitis has various types, but at least some of the types can cause death within hours. And we will hear that the protocol is that once meningitis is suspected you proceed to investigate until it is excluded.*

*The appellant correctly suspected meningitis and made such a note and then gave the patient a dose of morphine. The patient then lost his headache, not surprisingly, and after a period the patient was discharged home.*

*We will hear evidence from the witnesses that whilst morphine may or may not be the appropriate treatment, it probably isn't for someone as junior as the appellant, because of the risk of masking symptoms. But in any event, the appropriate treatment or investigation is first blood cultures and second a lumbar puncture. She did neither.*

*The patient was then discharged home. He was headache free, having had the morphine. But woke up- he went to*



*sleep at home, woke up later in the day with a very bad headache and came back to the hospital where meningitis was confirmed by a lumbar puncture.*

*We'll hear that a lumbar puncture is a simple procedure. An intern might well be able to do it, but if an intern felt unable to do it, then there's no embarrassment about it, that a resident or registrar will always be able to do it. Interns at the end of their first year are expected to be able to do it. This was not at the end of- well, this was getting towards the end of the year.*

*And the patient was discharged home without a lumbar puncture. He was also apparently discharged home without being seen by any other doctor or the condition being discussed. The appellant in her affidavit says, "I'm sure I would have discussed him with somebody or I would have asked whether he should have a lumbar puncture".*

*The evidence will be that first interns can't discharge anybody with a condition as serious as meningitis without reference to a registrar.*

*The only registrar who was on was Dr Katrina Gelhaar who will give- is giving evidence and will say she wasn't consulted and indeed discussed with the appellant why she wasn't consulted. Gelhaar will say that she would never discharge, let alone allow an intern to discharge, a patient with suspected meningitis without a lumbar puncture. That if the patient had said "I don't want to have a lumbar puncture, of course the patient's entitled to do that, that that they would go and talk to the patient again. It's a low risk procedure with a high which is a - a definitive way of determining whether there's meningitis or not and meningitis can be a fatal condition. And Dr Cooksley says much the same thing.*

*Dr Cooksley will say that he might have been prepared to observe for a bit longer-*

*And Cooksley who is a consultant with a lot more experience says he might have been prepared to observe for*

*a bit longer without the lumbar puncture, but he certainly wouldn't have permitted the patient to go home. There is no note in the clinical notes that the appellant discussed with the patient or with a more senior doctor.*

*And all doctors say that if it was discussed with them- the appropriate procedure would then be to- discussed with Dr Gelhaar who agreed patient to go home and a cautious intern might even have Dr Gelhaar sign it.*

*But there is no note of any of this and indeed the appellant's affidavit says "Oh, I'm sure I would have".*

*That's probably the most serious. That's the most serious of the incidents. It could well have had fatal consequences. It was fortunate it didn't.....*

*I've managed to pull out the major complaints, one for instance of a suggestion that she took a vaginal swab in circumstances which were inappropriate in that the location in the hospital was inappropriate, but that also she may have touched the anus with the swab before she placed it in the vagina.....*

*Associate Professor Judson is an ear nose and throat surgeon who was engaged originally by the appellant's former solicitors. Professor Judson in his report- exhibited to his affidavit says that she- he's not prepared to say she should never be registered but does think that she needs more training and suggests 12 months.*

*Other witnesses, Dr Cooksley and Dr Small, will say that she needs at least, although Dr Small will say he's concerned with the appellant having failed a register year in Victoria, and having failed for various reasons, none of them are of course her fault. She was pursued. She was in an unhappy marriage. The bloke- the man unkindly held back from her that he was in fact homosexual and that caused her to fail second year, I think.*

*She was targeted by an anti Greek deputy in the medical school who was not only against Ms Tsigounis but against other Greeks, and that caused her to fail a year despite her*

*getting very good marks. This is all contained in a psychiatric report which is before the Board.*

*Dr Small says, with history of having failed, I think, three of the medical years and having failed to complete her internship in Victoria and having to have her internship extended up here in Queensland and it still being unsatisfactory at the end of it, he wonders whether it might be better to put an end to it.*

*What was open to the Board was to register her with no conditions-or perhaps except the psychiatric conditions that's already pertained- to register with no special conditions or to extend the internship it had- It's obligation under the Act that it had to be satisfied she would complete the internship during that period.*

*She had already left the hospital in circumstances which she will note.....*

*His Honour: So do you say that even if the appeal is dismissed she is nevertheless able to make a fresh application to the Board for registration?*

*Mr Tait: Yes, to be an Intern yes. It always has been. And if she'd done that instead of filing the appeal, she'd be- may well be registered by now. That's something that we can debate with some of the experts during the hearing because it comes up as to what's to happen to her. But it was not appropriate that the board exercise the power to extend the intern period in the circumstances of her having left the hospital- she just left.*

*And so therefore no intern position available for her to continue.*

*His Honour: But the Board cancelled her registration here because of the concerns it had for the way she was practising.*

*Mr Tait: That's right.*

*His Honour: And the concerns it had for the life and health of patients.*

*Mr Tait: That's correct.*

*His Honour: It didn't revoke it because she voluntarily chose to cease her internship?*

*Mr Tait: No. The choice was either to revoke or to extend it and in her circumstances of having left the hospital and with such unsatisfactory performance extend- the board had to be satisfied she could complete her internship within the period that they allowed for extension. They couldn't be. That's the thrust of the Board's case.*

I did not allow the fear to register in my voice as I made the following reply.

*Appellant: First of all, I have to state that some incorrect material has actually been presented in the opening in regards to a lot of the patients and what went on. Secondly I'd like to state that at no time while I worked in the hospital were any of these issues set before me either formally or informally. My assessments at the time I was at the hospital all along by my supervisors that I worked with were excellent and your honour you probably have a copy of these reports from the hospital.*

*His Honour: If-If that material has been filed.*

*Appellant: Yes. I'd also like to say that I was promoted by the hospital at the end of my internship to a second year resident, and after that did I decide to resign from the hospital and thus did not leave in the middle of my internship training as stated by Mr Tait.*

*The complaints that are before the court arose months after I left the hospital and after Dr Yuen, a representative from the medical board of Queensland appeared at the hospital and began interviewing people.*

*The doctors that I actually worked with, apart from Shamilla, have all given me very good reports all prepared at the time I was still employed at the hospital.*

*Shamilla's report post dates Dr Yuen's visit and prepared months after I had worked with her and over a month since I resigned from the hospital.*

*The assessment report written by Shamilla in May of 2003 contradicts the reports of her assessment of me that were written by Dr Hodges and Dr Keary in April of 2003.*

## The red back web

- His Honour:* Well, the board doesn't concede you finished it. You left before it was.....Is that right Mr Tait?
- Mr Tait:* Yes. She-no, we say that she had not completed the number of weeks required. That's right.
- Appellant:* Well, I was promoted by the hospital to a second year resident when I decided to later resign, so according to the hospital I had completed my internship training. And after I sent in to the board with my application for full registration all the excellent reports and letters from the hospital that stated I had successfully completed my internship requirements, did the board send a delegate to the hospital to collect statements against me. Secondly I can talk about each of the complaints if you wish me to at this stage?
- His Honour:* No, well I imagine you have a different interpretation to place on each of the incidents
- Appellant:* Well, I have notes which totally contradict a lot of what Mr Tait stated. And the doctors and nurses who have been asked to be witnesses in this court hearing are not relevant in that they were not my supervising doctors during my employment at the hospital. For example Dr Niell Small was in England at the time I worked in his department in emergency.
- His Honour:* Well you'll be able to cross examine him about that...
- Appellant:* There have also been inconsistencies with the presentation of the complaints, for example, the meningitis patient- if one looks at Cooksleys statement he says the patient had bacterial meningitis and that I performed a lumbar puncture.
- His Honour:* Well that's another matter that you'll be able to cross-examine Dr Cooksley about.
- Appellant:* There have been inconsistencies about the same incident from different witnesses reporting it.....  
The evidence against me is hearsay, inadequate and incorrect.
- His Honour:* Well, right we'll adjourn now.

THE COURT ADJOURNED AT 1.02 PM UNTIL 2.30 PM

I began the cross examination of the first witness, Nurse Bailey, without any explanation on how to proceed.

I had severe problems conducting the case and I kept making statements instead of asking questions.

Mr Tait objected, and the judge pointed his skeletal finger at me accusingly, *"Look you're making statements again"* [TX 48 L30], he would say.

*"Am I?"* I would say unaware, *"sorry"* and I would then try to convert my statement to a question.

Despite the Judge admitting *"this is the worst indexing system in the world in this case. Nothing's got page numbers"* TX 393, His Honour was hostile towards me, when I was unable to tell him in the required way how to locate the document I was referring to from the volumes of documents that the Board had included as evidence before the court.

I would often say *"it's this document here"* TX 361

His Honour would often reply *"point me to where I can locate it from my copy of the material"*.

When I would ask for assistance, His Honour would say *"you find it Ms Tsigounis"*.

Even Mr Tait, who had prepared the volumes of indexed documents, at times, had trouble locating them. At one time Mr Tait said to His Honour *"It is not an exhibit and I don't-I can't find it. I'm not saying I haven't got it, but I just can't find it"* TX 371.

His Honour would express his displeasure at me during such events by threatening to adjourn the case indefinitely and saying *"I'll walk out of here in a moment"* TX 361

After the first witness, I was given a 5 minute break before, and to my surprise, the second witness appeared as Nurse Struthers.

I said to His Honour, *"We actually can't have Ms Struthers here, because the next one on the court list is Dr Niall Small and I've just prepared to do him"* TX 60 L 50

His Honour replies, *"well, look, just a moment, let the witness be sworn first. I mean, we might as well swap places if you're going to ..."*

#### KAREN RUTH STRUTHERS SWORN

His Honour continued *"Now, I'll hear you in just a moment, Ms Tsigounis, but*

*you have to be ready for changes like this, especially when the proposed witness timetable has gone right out the window now”.*

I said, *“Can I object to this happening?*

*Because I only found out today that I have to actually take the place of my solicitor, and my solicitor has gone off to try and brief another solicitor from Townsville because of the morning events.....*

His Honour replied, *“Well, I mean, you can’t blame me for what happened this morning, I mean it’s your solicitors fault.*

I then said, *“I understand that, but you have to understand my situation that I didn’t know I’ll be acting as solicitor today, and I certainly have not properly prepared and my solicitor has gone to try and find a new solicitor. If the case could be adjourned, at least until tomorrow”.*

His Honour replied *“No, I think we’ll go as far as we can with the witness.*

I tried to make the Judge see reason and gave a last attempt to persuade him to change his mind so that I would not have to cross examine a witness that I had not prepared for and in fact could not even remember.

I had worked with hundreds of nurses at the hospital over a year ago in the various departments and various shifts, many of which I interacted with only fleetingly in response to being called to see a patient.

I said desperately and with an authority that I did not feel: *I can’t see her name down at all for Monday, 23rd of August.*

*This is actually my right; this is the court list that I have”.*

His Honour raised his voice and said sternly *“Well, look, it doesn’t matter, I mean, she’s there in the witness box”.*

I asked Mr Tait for Nurse Struther’s Affidavit and scanned it quickly before beginning my cross examination of her.

I felt a strong sense of unfairness at the entire process.

After Nurse Struthers, Dr Gelhaar was called as the next witness, once again out of sequence.

*I rebelled by saying to the Judge, “I have been lumped with doing the job of my solicitor which, you know, is not appropriate because I didn’t come here in order to act as solicitor and I have not prepared for it.....” (TX 69 L15)*

*“these are totally out of order- totally” (TX 69 L 8), “I can’t do this because- you know- I’m waiting for my solicitor to get counsel” (TX 68 L 56)*

I was ordered to continue on and so I did.

On the afternoon of the first day, Prospero brought along a barrister named Mr Walters who said he was happy to conduct the case.

He appeared in court early the next morning.

Judge Wall asked to see him privately in his chambers.

After the meeting, Mr Walters said that he was not to take on the case.

I reluctantly continued on representing my own case with little help from Prospero.

On the evening of the first day of the court hearing, I attempted to sleep for a few hours so as to rest my mind and body that was feeling as though it had been twisted like a sponge.

I was soon awakened in a sweat from a dream where I was trapped in a fire unable to breathe.

I had a cold shower and spent the rest of the night preparing questions for the next day.

On the evening of the second day, Prospero invited me for a drink to meet a criminal barrister named Paul Dillon that he had found who was interested in the case.

Paul Dillon was a pleasant man with an earthy and casual manner.

He was from a smaller town outside Townsville and said he had heard about my case with its associated troubles.

I found him to be a pleasant man with an earthy and casual manner.

We were soon in deep conversation about my case and he relayed to me that his father had spent his entire life in the pursuit of justice.

When he felt more comfortable with me he said *"How on earth did you end up with Judge Wall? You know he has been handpicked to make damaging findings against you"*.

I looked deeply into Paul Dillon's blue eyes and asked *"Why?"*

*"Too good looking perhaps"* he replied with a cheeky smile.

Paul's chubby face turned serious as he explained that Judge Wall was a particular type of freemason who believed that females should not be in the workplace.

He said that most female solicitors in Queensland fear him and refuse to appear before him as he intimidates and undermines them.

For a moment I remembered the events that had led to Judge Wall.

And how a preliminary hearing was abruptly organised at the District Court of Brisbane where Judge White had changed the venue of the



case from Brisbane to Townsville and the Judge from Judge Rovin to Judge Wall.

I thought it peculiar whilst reading the transcript of this hearing that my own solicitors had not argued against this happening despite my written instructions for them to do so.

It was then that Mr Dreyfus had changed his attitude towards my case and refused to allow evidence before the set hearing in support of me achieving my general registration, that is evidence that suggested that I had satisfactorily completed internship requirements.

Mr Dreyfus had said *"with this judge you will not obtain your general registration and I will not argue for it before him"*.

I gave Mr Dreyfus written instructions to have this Judge disqualified from the case if he thought that this judge will be biased, but Mr Dreyfus refused to take action.

The next morning Paul Dillon came to court.

Judge Wall wanted to see him privately in his chambers.

After this, Mr Dillon said he would not take on the case.

I continued to plea with the Judge that conducting my own case in circumstances where I had not prepared was an impossible task.

On day three of the hearing I said to His Honour *"Judge Wall, I haven't done this before and it was a bit of a surprise for me to present my own case here in Townsville. Unexpected"*.

His Honour replied *"I'd face the same difficulty if I were operating"*TX 200 day3 25/8/04

It was the first time in three days that Judge Wall acknowledged that the situation was insane.

Why then did His Honour proceed with it?

On the third day of the hearing a complaint was made to the Chief of Justice in relation to Judge Wall's conduct of the case.

The following section of the curt transcript conveying this event:

*His Honour: Someone had made a complaint to the chief of justice in Brisbane.*

*Someone Connected with one or both of you has been telephoning the Chief of Justice complaining about my conduct of this appeal and making allegations, which are most concerning. The chief Judge has spoken to me just*

*before I came into court...and its relaying concerns that you appear to have.... but anyway Somebody is making complaints on your behalf.*

*Because I have to deal with a complaint that has been made by a man whose name might be Loomis Standi or something like that, some person I just stand the matter down for a moment.*

**CASE WAS ADJOURNED FOR 20 MINUTES.**

*His Honour: "I'm not suggesting that either of you two have encouraged Mr Loumis Strandi or someone of that name, to contact the Chief Justice, but it does concern me because suggestions are made that I have apparently somehow perhaps intimidated local counsel into not acting for you Ms Tsigounis.*

*Mr Tait, I can put it on the record that I've seen the legal representatives three times in my chambers. The first on Monday morning and that was Mr Tait and Mr Franzese. The second was on Tuesday morning when I saw Mr Walters and Mr Tait and acceded to Mr Walters' request for more time to consider the matter. And the third time was when I saw Mr Walters and Mr Tait at about 11am on Tuesday morning. Mr Tait was there on both of the occasions that I spoke to Mr Walters so was my associate and I think Mr Tait will verify that no pressure whatsoever was placed on Mr Walters not to act for you or on any other local counsel?*

*Mr Tait: Your Honour, I'm happy to confirm that.*

*His Honour: So it is some concern that if some comments on your side Ms Tsigounis are being relayed to people in Melbourne and those people are making complaints in a formal way to the chief justice and the chief judge.*

*Appellant: I can only say I don't know this person named Loumis Tendi.*

*Mr Franzese: I don't know anything about it.....I can say this I have spent the last few hours with Mr Forbes trying to get a resolution, a conciliation. You know, I don't want my professional reputation- I would not\_ I mean, look, it's rare in Melbourne*

*to go into a Judge's Chambers. You know I certainly would not approve of this.*

*We are not here to, what's the word, disrupt the hearing.*

*His Honour: Well Ms Tsigounis, if you've been conveying to anyone in Melbourne certain subjective feelings or interpretations placed on events...*

*Appellant: I can state that I talk regularly to friends, people, relatives in Melbourne about my daily experience here...I don't know anyone of the name Loomis Tindi.*

The hearing continued on in much the same way as before.

Despite my ongoing difficulties, I felt I was making progress.

I drew on strengths from within that I did not know I possessed and adopted more and more of a legal attitude.

I objected to the hearsay evidence given by Dr Coley and Dr Ashley.

I objected to Mr Tait's mode of conduct and in particular when he asked leading questions and referred to patient JY as "the meningitis patient" before this issue was determined by the court.

My objections were overruled and Mr Tait continued to ask such questions as "*What did you hear about the meningitis patient?*" (TX 90)

And "*was there an event involving Dr Tsigounis and a meningitis patient that you heard about?*" (TX 89)

He says to a witness; "*You were given information both second and third hand about the meningitis patient. And based on the information you were given did it appear that the treatment of this patient was acceptable?*" (TX 355)

I objected but my objections fell on deaf ears.

They had not planned well in doing this wrong, and the Board's argument against me was barbarous, like a tangled mess of inconsistent hearsay and misinformation. Mr Tait was trying to rearrange the information until his concoctions were more believable than the truths.

His Honour appeared to be assisting this process and I soon realised that Mr Tait and the Judge were on one side and I on the other.

This was not a legal battle but a battle amongst enemies.

My shield grew stronger and stronger and I made greater attempts to push the truth to the surface, by revealing it in open court.

In such events, His Honour would intervene and attempt to obstruct me.

He would often snipe at me as if saying *"truth isn't always truth. What is true is what I decide it to be"*.

At the conclusion of the third day of the court hearing, Judge Wall decided to adjourn the case to a date to be fixed. (TX 267L 15)

His Honour gave reasons that the case was to involve at least another 2 weeks of court time and that he was engaged in other matters in the weeks to come and possibly for the next 6 months. (TX 264) (TX 186) (TX 265)

His Honour said that he had been approached by Judge White to hear this case on the basis that the hearing was to take, at the most, 5 days and so had made only 5 days available. (TX 235)

His Honour refers to a proceeding on the 29 of March 2004, before Judge White where Mr Dreyfus organised the case to be listed and set down as a 5-day matter. (TX 235 L 25)

Mr Tait confirmed that my solicitors had set the date time by saying *"there was plenty of correspondence between the parties as to whether 5 days would be adequate and we were assured by Mr Dreyfus and his solicitors that it would be"* (TX 189 L 40)

The Judge concluded the 3 day hearing by referring to a possible conciliation meeting between myself and the Board.

He said, *"I would commend the parties if they have agreed upon a process which may include mediation with a view of resolving their disputes and especially one which would allow you, Ms Tsigounis, to pursue your chosen career"* (TX 264 L 20-25)

*"And I wish the parties all the luck in the world in their attempts to resolve the matter"* (TX 267 L 21)

*Judge Wall's eyes softened as he looked across at me and said , "You can sleep in tomorrow".* (TX 265)

It was only then, that I allowed myself to listen to my body, heavy in fatigue.

I felt weak and was clumsy as I collected my belongings from the courtroom.

I was unsteady as I walked back to the hotel room .

As I sunk into my bed I stopped chewing on my lower lip and the hell scene of the past days vanished from existence.

A month later, a meeting took place with the Medical Board of Queensland.

Prospero and I took an early flight to Brisbane from Melbourne and spent the morning preparing.

There were a number of Board members present at the meeting including James O Dempsey, the Executive Officer of the Medical Board of Queensland who had submitted an affidavit before the court.

Andrew Forbes from Phillips Fox solicitors who represented the medical board was also present.

Mr Forbes was a man roughly around the same age as Prospero, around 40 years.

He was of average height, of slender build and with neatly combed blond hair and dusky grey eyes.

He was cocky as he smirked at us from where he was sitting comfortably at one side of a long table.

Prospero and I sat together on the other side almost glued to one another. Prospero seemed frozen and said very little throughout the meeting and I was angry that once again I had to fight my cause without any help from him. I produced a copy of the medical notes of patient JY to the Board members.

I pointed out that the Board was mistaken that this patient had "acute bacterial meningitis" and referred them to the results of all the tests that had been performed on the patient.

I reminded them that this was their main and most serious complaint against me.

I also reminded them of all the excellent references I had received from the hospital and that the hospital was of the view that I had completed satisfactory my internship requirements thus promoting me from Intern to Resident .

The Board members stared at me glumly and I felt that they too were powerless in this matter.

We had come to no reasonable agreement with the Board and they maintained their position that I was incompetent and unsuccessful in satisfactorily completing internship requirements. In fact the Board members maintained, despite the truth, that patient JY had *acute bacterial meningitis*.

Andrew Forbes sat in the corner poised like a rattle- snake, ready to strike.

He turned his head towards Prospero who was now sweating profusely and told him that he would be jailed if he continued on with the defamation order against Dr Cooksley.

*"This is Queensland"* he told Prospero and reminded him of what had happened to politician Pauline Hanson and Chief magistrate of Queensland Die Fingleton.

Prospero began trembling, and as we walked out of the meeting he kept mumbling to himself *"this is Queensland"*, *"this is Queensland"*.

He called Andrew Forbes "an arrogant prick" and "a red neck" as he explained to me what had happened to Die Singleton and Pauline Hanson, two women that had been illegally jailed because they had "fallen out" with the powers of being.

In fact it was published in the Queensland media after Die Fingleton was released from jail that *'There is something wrong with the Queensland Justice System as they misused the legal process to destroy the reputation and career of a woman who dared to be different'* (The Sunday Mail). [There Is Something Wrong With The Queensland Justice System', Professor Rosemary Hunter of Griffith University, Sunday Mail, Queensland, 19/11/2003.]

In fact what had happened to Die Fingleton was described in the papers as a 'boys-club attack' [Fingleton, Victim Of Boys-Club, Emerson S. The Age, Melbourne, 6/6/2003].

Prospero told me that he was subject to ongoing pressures to withdraw from the case.

I tried to persuade him to stay on but also realised that he was seriously frightened.

Soon after, he withdrew from the case and I began the search for a new solicitor.

I called some old university friends in an attempt to find appropriate legal representation for my case.

I was advised to call senior barrister Mr Con Heliotis from Melbourne.

It was said that he, being also of a Greek background might take heart to the case and properly represent me.

After a brief conversation with Mr Heliotis I was told to employ solicitor Tony Hargraeves to brief him on the case.

Tony Hargraeves was employed on the 22<sup>nd</sup> of September of 2004. I gave him 2 copies of all the material with written instructions of what I wanted him to do.

I also paid him \$5,000.

When a defamation action prepared by Mr Franzese against Dr Cooksley and the Townsville Hospital was sent, the Medical Board, like a flash of lightning had organised an injunction hearing.

This injunction hearing was to take place on the 2 November 2004 at a court in Bowen, a town situated on the outskirts of Townsville, and to be heard also by Judge Wall.

It was discussed with these new solicitors that it was inappropriate for Judge Wall to determine this matter when he was also the Judge deciding the primary case.

I gave written instructions to both members of my new legal team to have Judge Wall disqualified from the November hearing because of this issue which they had initially agreed to do.

As time went by I realised that something was preventing my solicitors from carrying through with their tasks.

The day of the hearing was approaching and nothing as yet had been done.

Tony Hargraeves withdrew from the case on the evening before injunction hearing without having performed any of the tasks nor prepared for me to be represented at this hearing.

He refused to neither return the two copies of court documents nor the money that he had accepted.

The hearing occurred in Bowen in front of Judge Wall and I was unrepresented.

Judge Wall made an order that any defamation orders against the Board's witnesses in the primary case could not be implemented until after the primary case was fully determined.

He also made a ruling of costs against me.

Tony Hargraeves had breached his written contract but the law institute of Victoria did not see it that way when they dismissed my complaint against him as having "no basis".

Despite being aware of a sinister force working against me I continued on for a search for new lawyers.

I thought I might have a better chance obtaining legal representation from outside Victoria as the hidden forces appeared to be the strongest there.

Finally I came across a barrister that caught my eye.

His name was Dr Peter Gorman and he was from Queensland.

Dr Gorman had been a barrister in law since 1979 and his interests were diverse.

He also had a doctorate in management.

He was internationally recognised as an authority on bullying and had been a member of the Beyond Bullying Association of Queensland.

He had presented and published many papers on the various types of bullying including administrative bullying, victimisation, discrimination and unlawful dismissal.

He was known to be on the other side of the establishment and had helped many whistleblowers in the past.

I called Dr Gorman and he advised me to employ solicitor Philip Leach to brief him.

He told me that Mr Leach was a lawyer that was particularly interested in human rights.

Two copies of all the material were forwarded to Mr. Leach when I employed him in December of 2004, two months before the continuation of the primary hearing.

I gave the following clear written instructions to Mr Leach with a cheque of \$50,000 as he had asked.

- *To organise subpoenas to be served on Robyn Scholl and Dr Karen Yuen from the Medical Board.*
- *Send letters of demand to my insurance that being Queensland Health*
- *Brief Dr Peter Gorman so he can conduct the second part of the District Court Hearing.*

Two weeks before the second part of the District Court Hearing, which had been scheduled for the 31st of January 2005, Mr Leach had not as yet briefed Dr.Gorman.

Three days before the hearing, I travelled to Brisbane with my mother.

Mr Leach had still not briefed Dr Gorman.

I went to see Mr Leach in his office.

As we discussed the case I realised that Mr Leach was ignorant to the specifics to the case.



In my presence he called Dr Gorman to organise a meeting for the following day and said that he would pick me up from my hotel in the morning so we can go together.

I waited and waited for Mr Leach the following morning but he was nowhere to be seen.

I tried calling him on his mobile but he did not answer.

In desperation and feeling frustrated with the events I called Dr Gorman who said that I should get a cab to his place and that he would try to communicate with Mr Leach.

Dr Gorman greeted me at the door of his Victorian style house with a warm smile holding a half empty glass of what I gathered to be whisky.

He was fair skinned, had bright blue eyes and I guessed he was in his late 50's.

We walked to the back of the house into a large relaxed room that was lined with bookcases of different heights.

There were books and papers scattered around in what appeared to be a disorderly manner.

He asked me if I wanted a drink and I declined politely.

I wondered for a moment whether his red bulbous nose was in fact a rhinophima a drinker's nose.

He asked me to tell him about the case and I felt anxious that he knew nothing of it nor was he too interested as I was attempting to brief him.

An hour later Phillip Leach arrived without any documents, apologising for the delay and stating that his wife was ill.

He too was unfamiliar with the witness statements of the case.

I swallowed hard and told myself that two days in legal time was probably more than enough.

Mr Leach offered to drive me back to my hotel and on the way he conveyed to me that his wife was bipolar and was having one of her manic episodes. I felt sorry for him thinking back to all the patients that I had seen with this condition.

I wondered whether she was like a woman I recalled, a devout Catholic who uncharacteristically became promiscuous and would take off her clothes in public during her manic episodes.

Her husband had brought her into hospital in despair.

Just before we reached my hotel, Philip turned his head towards me and said *"you don't know who you are dealing with do you"*.

I asked him what he meant, and he replied that the medical mafia were after me.

I was alarmed.

Was there a medical mafia?

I fell silent and in deep thought as I walked out of the car.

At a later date I searched the web for any clues to the existence of a "medical mafia".

I came across two books that had been published by that name, both by doctors.

"The Medical Mafia" by Guylaine Landot (MD ISBN/EAN-9780964412606) and "The Medical Mafia" by Donald Gould.

They were no longer available.

We met again with my lawyers on the evening before the hearing on the 30 January 2005, in Townsville and we all had dinner together at the hotel's restaurant.

Mr Gorman drank more wine than ate food and I noticed that he had a slight hand tremor.

I tried not to feel insecure about his abilities and remembered what I had heard about an alcoholic surgeon in Melbourne who would perform flawless surgery even under the influence.

Mr Gorman avoided talking about the case during the dinner and we talked mainly about the Aborigines and their hardships.

At the end of the dinner I was horrified when Dr Gorman told me that he had had no time to prepare for the case and asked me to prepare a summary of all the witnesses and their complaints.

As my solicitor and barrister slept throughout the night I stayed awake reading one Affidavit after another, summarising the complaints and the issues and preparing question of relevance that needed to be asked of each witness.

In the morning I handed my completed work to Mr Gorman who seemed impressed.

As we scanned through some court documents I realised that Mr Leach had not prepared the subpoenas for Dr Karen Yuen and Robin Scholl from the medical board to appear before the court.

My mind went back to a tax invoice I had received from Mr Leach charging me for this task that he claimed to have performed.

This invoice is as follows:

**Our Ref: PL: CYH: 34156**

**24 January 2005**

**Dr H Tsigounis  
34 Inkerman Street  
ST KILDA VIC 3182**

**TAX INVOICE**

**MEDICAL BOARD OF QUEENSLAND**

|          |                                                                                                                                 |
|----------|---------------------------------------------------------------------------------------------------------------------------------|
| 04/01/05 | Telephone attendance upon you.<br>Time engaged: 5 minutes                                                                       |
| 04/01/05 | Telephone attendance upon you.<br>Time engaged: 15 minutes                                                                      |
| 04/01/05 | Telephone attendance upon Dr Gorman.<br>Time engaged: 20 minutes                                                                |
| 10/01/05 | Receiving and perusing bundle of documents<br>from you.<br>Time engaged: 2 hours                                                |
| 10/01/05 | Drawing and engrossing Brief to Counsel<br>Time engaged: 2 hours<br>Paid Photocopying charges \$50.00                           |
| 12/01/05 | Review of further material from you by facsimile.<br>Time engaged: 2 hours                                                      |
| 24/01/05 | Drawing and engrossing Subpoenas to R Scholl<br>and K Yuen and Notice of Appointment of Solicitor.<br>Time engaged: 20 minutes. |

I was horrified and confronted him with the court document which identifies that he had not indeed carried through with this task.

# Dr Helen Tsigounis

This court document is as follows:

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| 2   | 24/05/2004 | Notice of Access               | Helen Tsigounis & E  | HTT                |
| 3   | 03/06/2004 | Request for Subpoena           | Helen Tsigounis & E  | HTT                |
| 4   | 11/06/2004 | Request for Subpoena           | Helen Tsigounis & E  | HTT                |
| 5   | 11/06/2004 | Request for Subpoena           | Helen Tsigounis & E  | HTT                |
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| 7   | 15/06/2004 | Order                          | Helen Tsigounis & E  | HTT                |
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| 35 | 08/07/2004 | Affidavit | P. Rotherham (Vol. 2, No. 28)  | Respondent |
| 36 | 08/07/2004 | Affidavit | M. Walker (Vol. 2, No. 28)     | Respondent |
| 37 | 08/07/2004 | Affidavit | A. Colley (Vol. 2, No. 28)     | Respondent |
| 38 | 08/07/2004 | Affidavit | I. Stubbins (Vol. 2, No. 28)   | Respondent |
| 39 | 08/07/2004 | Affidavit | S. Kelly (Vol. 2, No. 28)      | Respondent |
| 40 | 08/07/2004 | Affidavit | J. Bailey (Vol. 2, No. 28)     | Respondent |
| 41 | 08/07/2004 | Affidavit | D. Deane (Vol. 2, No. 28)      | Respondent |
| 42 | 08/07/2004 | Affidavit | J. O'Donoghue (Vol. 2, No. 28) | Respondent |
| 43 | 08/07/2004 | Affidavit | S. Rouse (Vol. 2, No. 28)      | Respondent |
| 44 | 08/07/2004 | Affidavit | Townsville Hospital            | Appellant  |
| 45 | 08/07/2004 | Affidavit | Medical Board of Qld           | Appellant  |
| 46 | 08/07/2004 | Affidavit | Adelaide Family Health Centre  | Respondent |
| 47 | 08/07/2004 | Affidavit | Adelaide Family Health Centre  | Respondent |
| 48 | 08/07/2004 | Affidavit | Adelaide Family Health Centre  | Respondent |
| 49 | 08/07/2004 | Affidavit | Adelaide Family Health Centre  | Respondent |
| 50 | 08/07/2004 | Affidavit | Adelaide Family Health Centre  | Respondent |
| 51 | 08/07/2004 | Affidavit | Adelaide Family Health Centre  | Respondent |
| 52 | 08/07/2004 | Affidavit | Adelaide Family Health Centre  | Respondent |
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http://www.eCourts.courts.qld.gov.au/eSearching/document.asp?FileNumber=1136/042704&... 14/11/05

Mr Leache's fair skinned face turned a bloody red as he mumbled words that he had indeed prepared them.

I told him that it was hard to believe that the court had vanished the documents from existence as that would imply severe criminality.

Mr Leach went silent and avoided eye contact with me from then on.

Dr Gorman proceeded to file before the court the affidavit from my parents as to the security of costs that the Board had wanted for \$125,000 in case I lost the appeal.

This demand by the medical board had only occurred just before the second part of the court hearing as it was said that that now my bankruptcy was an impediment to the further hearing of the appeal.

As Dr Gorman proceeded to cross examine the first two witnesses it was clear that he was unfamiliar with the perspective of the argument and the details of the complaints.

He was slow to come to a point, if at all and he would often lose sight of his initial train of thought and become muddled.

I was devastated and in turmoil not knowing what to do.

The next witness was Dr Small, a crucial witness in my case.

Dr Small could easily be discredited if one knew of all the statements he had made to the Board that were before the court. They were inconsistent, factually incorrect and he had not included them all in his Affidavit.

It was unlikely that Dr Gorman was aware of all of Dr Small's statements nor of his role in my training as an Intern.

I lost control and the tears ran down my face as I had to face the only option open to me which was to continue to conduct the case myself.

Dr Gorman and Philip Leach left the court and I continued on as before and cross examined the remainder of the witnesses.

The witnesses continued to appear out of order and there were times where I would cross examine a witness without knowing previously that the witness would be called on that day.

This added remarkably to my stress and to my ability to properly achieve the best possible argument for my case.

On the morning of day 5, that is the second day of the second part of the District Court hearing, I said to His Honour *"I was only told this morning who the witnesses for today were going to be"*.

His Honour ignored my pleas regarding the unfairness of the process.

Later on that day I objected to Nurse Neil appearing.

I said to His Honour *"I was just told this moment that Nurse Neil is on the way here to be a witness for today"*.

His Honour looked at me with his hard eyes and said *"But you have a copy of her affidavit, haven't you?"*

I replied by saying *"I only brought along the affidavits of the witnesses that I was told would appear today"*.

His Honour responded *"Well I think you should make a point of bringing all of the material when you come"*.

*"Well how long is the Affidavit of Miss Niell?"*

Mr Tait replied *"It's a reasonable length. It's exhibit 13, it's got lots of exhibits to it"*.

His Honour allowed Nurse Neil to appear that day.

The following is a section of the transcript on the sixth day of the court hearing [TX 492-494]

*Appellant: "Your Honour, can I put something to you, it's not fair the way these witnesses are fiddled around with in the mornings TX 492.52*

*His Honour: "Are what?"*

*Appellant: "They're just fiddled around.*

*I was told this morning that, you know, most likely it would be Nurse Webber then Dr Keary and then Dr Judson that I would have to cross examine and then Dr Lucas pops up. It's just you know I don't get much chance to actually prepare and get everything together in the morning when the Board makes me aware of whom the witnesses will be.*

*Mr Tait: "Your Honour as I explained yesterday to Ms Tsigounis, we have a list of the potential witnesses and were attempting to call them in that order, however, almost all of the witnesses have clinical responsibilities at one hospital or another and the nurses are often on shifts...we have done our best and I explained to Ms Tsigounis in front of your Honour's associate that we would do our best to give her the list.*

*Appellant: "No, you didn't".*

*His Honour: "Well perhaps you could discuss it amongst yourselves".*

- Appellant:* "I just find it inappropriate that I don't know who the witness is going to be until I sit here in the chair.  
That does not seem right.  
I've just been told Dr Hodges is going to be called when I walked into the courtroom".
- Mr Tait:* "We did not know at 5.00o'clock yesterday who we would be able to get and in what order. We left it on the Bar table for her".
- Appellant:* "I don't think that is correct".
- Mr Tait:* "Well if it wasn't overnight it was first thing this morning.

A SHORT BREAK

- Mr Tait:* "Your Honour in relation to the question of witnesses, my solicitor prepared the list of witnesses that was placed on the Bar when he and I arrived shortly at 9'o'clock this morning. I thought it had been there all night but it was only put there this morning.  
We stayed long after the appellant left and we were here for a significant period of time before she arrived this morning, not last night".
- His Honour:* "Perhaps you could give her earlier notice by faxing a list to her in the morning".
- Mr Tait:* "I would expect to only one witness left after today".
- Appellant:* "Okay, so this is how it's going to go on for the rest of the day. No more changes? Is that correct Mr Tait?"
- Mr Tait:* "I not able nor am I prepared to give an undertaking that the witnesses will be called in the order on the schedule".

I did not know I could tender evidence before the court.  
That is, I did not know that I could include material relevant to the case that was not already an exhibit.  
I also did not know that subpoenaed material was not included in the evidence before the Judge until it was tendered; therefore the Judge did not have to consider it until it became evidence.  
His Honour had not made this option available to me.  
On the evening of day 5, Paul Dillon approached me and explained to me this procedure.

From day six onwards, and to the surprise of the Judge I began tendering evidence which strengthened enormously my argument as I could include the material that the Board was trying to hide.

As the hearing continued Mr Tait's argument took on a dreamy quality as fact turned more and more into fiction.

Mr Tait asks Dr Small *"Dr Small were you given information both second and third hand about the meningitis patient and based on the information you were given did it appear that the treatment and management was acceptable?"* (TX 355)

Even after it was stated by witnesses that JY did not suffer from meningitis, Mr Tait continued to refer to this patient as "the meningitis patient" and did so throughout the hearing.

I said to His Honour *"Mr Tait still maintains and calls JY the meningitis patient"* (TX 363)

*He's manipulating the facts and that is to try and get a meningitis out of somewhere"* (TX 588)

*"A lot of that information that has just been given to the witness is absolutely incorrect"* (TX 359)

*"Your Honour, once again I have to state that Mr Tait is giving my expert witness false information"* (TX 1173)

*Your Honour, he's manipulating again. It's misleading your Honour"* (TX 930)

*Your Honour I object. He's making things up again.* (TX 927)

But despite my ongoing objections to Mr Tait's conduct of the hearing His Honour would say *"No, I'll allow the question"* (TX 927) or comment that *"Look, the rules are fairly relaxed"* (TX 908)

On day 11 I said to Mr Tait *"you can make up as many diagnosis as you can, Mr Tait but in the end it's what the investigations say that point to what the diagnosis is"* (TX 1075)

On day 11 Mr Tait says of the Board's case *"It's never been our case that she should never be a doctor"* (TX 994)

I replied *"Your Honour that's a total absolute lie. Look at the Information notice dated 26th of the 3rd of 2004 the decision by the Board that I am appealing"* (TX 994)

*Your Honour you're allowing Mr Tait to lie and change the argument from day to day and moment to moment.*

His Honour then says: *No he's not making up information; he's endeavouring*



*to indicate what the issues are as he perceives and from the Boards point of view.*

*I reply "not taking into account the decision by the Board that I am appealing. (TX 995)*

*It is clear that I am appealing before this court the decision that was given to me on the 26th March 2003, the formal decision that was given to me by the Board, (TX996)*

*Mr Tait can't keep changing what the Board's decision was, it was a formal document. (TX 996)*

His Honour adopted Mr Tait's attitude and also referred to patient JY as *"the meningitis patient". (TX 804)*

He prompted witnesses to make statements against my cause.

At other times His Honour would bar the progress of my arguments and in particular arguments that were revealing the malicious intent behind the Board's witnesses or questions that undermined their credibility.

But at the same time His Honour would allow questions by Mr Tait that went to the credibility of my expert witnesses.

His Honour would then say *"Questions of the credibility of witnesses are also in issue in this case" (TX 1021)*

*"Mr Tait can attempt to discredit any witness he wants to, Miss" (TX 1023)*

When I asked Professor Dewan *"were you aware, during your internship of any cases of particular doctors making mistakes regarding the diagnosis of patients having meningitis?"*

His Honour intervenes *"no, no, that's not relevant, Ms Tsigounis" (TX 911)*

I then asked Professor Dewan *"would you agree that it would be more common to miss the diagnosis of meningitis in an emergency setting rather than a ward setting?"*

His Honour says *I won't allow that question. (TX 911)*

I then said *"Okay. I'll rephrase my question. Would you agree that emergency does not allow a doctor to observe patients for too long because of the nature of the department being an emergency setting?"*

His Honour replies *"Oh no, I won't allow that. ...I really won't be assisted by that" (TX 912)*

I asked the following question to Professor Dewan *" Professor Dewan, what do you know about the boys-club in medicine?"*

His Honour states *"I object. Sorry. No I-I won't allow that question"* (TX 1036)

When I asked Dr Rosenblum the following question;

*"What would you say if a medical board made a decision against a doctor and cancelled their registration based on false complaints?"*

Hus Honour intervened *"No, I won't allow that"*.

I said *"But your honour this is directly related to the Board's June 11th Show Cause Notice."*

His Honour replied *"It is not. It is not, I'm not concerned about the doctor's opinion as to what what he thinks a medical board might do in certain circumstances."* (TX 1179)

During my cross examination of Dr Judson His Honour says *the doctor's made his point and I don't think he will ever agree with you. That's so doctor?"* Dr Judson replies *"absolutely, yes"* (TX 679)

When Dr Judson tried to justify his opinions on my treatment of JY based on an incorrect version of the patient's clinical presentation, I objected and said to His Honour, *"But my point, your Honour, is that he didn't read the notes clearly and accurately"*.

His Honour replies *"No. No. No. What the doctor says is he cannot now quite recall what the situation was because he doesn't have the notes in front of him. Is that so doctor?"*

Professor Judson replies *"Absolutely yes"*. (TX 680)

Mr Tait then incorrectly says of Dr Judson's responses to my cross examination of him *"when he was cross-examined in detail he could answer anything about any incident"* (TX 1265)

There was a foulness associated with the character of this hearing.

Mr Tait and the Judge were colluding to create veils in the flaws of the Board's argument and to create some reason to justify the Board's decision. As the Board's case against me was coming to an end and the Board's argument about my incompetency had decomposed the Board began to attack my credibility, my attitude, my personality and my insight.

I said to His Honour *"Your Honour, one more objection. He's changing the line of argument. All along it has been my competency as the issue. Now he's trying to change the line of argument."* (TX 1049)

Despite His Honour having stated *"I'm really only concerned about whether she's completed her surgical period and whether she is competent"* (TX 991)

And *"the issues in the appeal are whether 12 weeks of surgery are completed and the competency aspects". (TX 991)*

His Honour allows Mr Tait to proceed in his new line of attack, and in fact assists him in so doing.

Mr Tait asks Dr Judson *"Well, having had the opportunity to have the discussion you had today with Ms Tsigounis, are you able to form any view on her preparedness to accept mistakes and corrections?"*

I objected but my objection was overruled.

His Honour said; *"yes, yes, answer it doctor"*.

Dr Judson states; *"I'm most disappointed that Dr Tsigounis failed to acknowledge that there was a mistake that was made (JY).*

Mr Tait says; *"more than two years ago?"*

Dr Judson replies *"more than two years ago" (TX 683)*

I then said to Dr Judson *"Professor Judson, do you realise my role here today is-is as a solicitor not as a doctor. I'm trying to cross-examine like a solicitor would"*.

His Honour intervenes *"What Ms Tsigounis means is that she is representing herself, Doctor"*.

Professor Judson replies *"Yes. I appreciate that (TX 685)*

During Professor Dewan's cross-examination Mr Tait asks: *"if there was a mistake has she learned anything from it, has she developed one shred of insight into the mistake she made, or does she still obstinately insist that her performance on that day was without error"?*

I objected but His Honour said *"Quiet. No"*.

Mr Tait continued *"And the question is then, if she has not developed any insight should she now be allowed to practice unsupervised, which is the difference between an intern and someone with general registration"*.

I said *"Your Honour....."* His Honour replied *"No I'll allow the question"*.

*Yes. I'm allowing you to answer the question doctor.*

Professor Dewan answers the question in the following way

*"First of all, I am unable to judge whether Helen has obstinately adhered to her doing the right thing that day.*

*Helen to me appears to have a good understanding of meningitis and its clinical presentation and management. That would seem that if she was in an unsupervised position with a patient who possibly did have meningitis is that she would perform well" (TX 928,929)*

Late on the seventh day (that is day four of the second part of the hearing) I was abruptly told that I would have to give my evidence in chief and be cross-examined the following day.

I responded to this in the following way *"Well I don't think that's fair, you're Honour, as I haven't been told of that before today and I am extremely sleep deprived to be able to prepare properly.*

*I think I would be extremely disadvantaged if I was to appear tomorrow".*

His Honour replied; *"well we'll play it by ear".*

I stressed the point to the court that I felt it to be humanly impossible to prepare for this task in one night after not having slept properly for the previous five whilst I frantically tried to prepare for the cross examination of the witnesses.

The following is a section of the transcript on day 7 or the fourth day of the second part of the hearing.

*Appellant: "I'm really not happy to be cross-examined tomorrow before all the witnesses have been finished.*

*I think I would be disadvantaged on that level as well."*

*His Honour: "Well we will have finished with all the medical board witnesses tomorrow morning. Dr Cooksley is the last".*

*Appellant: "What about my expert witnesses?"*

*His Honour: "But the normal practice is that you give your evidence before your witnesses.*

*But anyway, I would prepare if you can Ms Tsigounis, for commencement of your case tomorrow. All right?"*

*Appellant: "Yes".*

I had not been told at any point of the legal process that I would have to give evidence in chief despite having had, up to that point in time, employed a number of solicitors and barristers.

By the Friday, the fifth day of the second part of the hearing, I had only slept 16 hours in five nights and felt exhausted and dazed, like I was suffering a hangover.

My hands were trembling and I had difficulty coordinating even to hold a pen.

I tendered an article on sleep deprivation and its effects on cognitive functioning.

The tendering of this information had a dual purpose.

First and most importantly was to convince the judge to give me a day off and secondly to give reason as to some of the errors that I may have made as an intern whilst working unreasonable hours.

I had worked up to 14 consecutive days and up to three days without sleep as revealed by the payslips and payrolls from the hospital that were subpoenaed and included in the evidence.

The following is section the transcript is on the Friday, day 8 (or day 5 of the second phase of the hearing):

*Appellant: "One last thing, your Honour. As a reason to what I have just included before the court, I would like to say that in the past four nights I have had only 12 hours sleep. This is a result of having to represent myself once again after issues arising on the first day of the hearing with my solicitors. I ask your honour if I can leave my cross-examination until Monday as I only found out yesterday that I will be cross-examined. I believe, and that of which is supported by the articles I have just included before the court, that tiredness and sleep deprivation that I have experienced this week, may affect in a negative way my performance if I am to be cross-examined today".*

*Mr Tait: I am prepared to not cross-examine Ms Tsigounis. She can give her evidence in chief today and I'll cross-examine her next week.*

*His Honour: That means you would have to give whatever evidence you want to give now before cross-examination.*

*Appellant: Oh no, my objection is to actually start giving evidence and cross-examination. I believe that I'd be extremely disadvantaged this week to give evidence today.*

*His Honour: Now, Ms Tsigounis you have not reduced any of your evidence in writing?*

*Appellant: I don't know what you mean by that your honour?*

*His Honour: You don't have an Affidavit of the evidence?*

*Appellant: Yes. Apart from that, because I do not know the way the legal system works and I assume that most of these things*

*were already before the Court including the Affidavit that my solicitors prepared, that is the Dreyfus team.  
I will tender now this affidavit before giving oral evidence.*

I thought that His Honour took pity on me when he agreed to have me appear as a witness after the weekend, but maybe I was trying to see something that was not there.

Never in my life did I enjoy my sleep as I did that evening.

I fell unconscious for 14 hours.

After giving my evidence in chief early on Monday morning, I felt prepared to do battle with my answers under cross-examination.

Mr Tait tried to illicit defects in my personality.

He states *"I thought you argued with the doctors about whether lasix could be given as PRN?"*

I replied *"No, no, I didn't argue with them. I just tried to explain than when I wrote it up as PRN this is what I meant" (TX 793)*

Mr Tait maintained *"why did you argue with the witnesses here that it was reasonable to write PRN?"*

I replied *"I wasn't arguing with the witnesses. I was trying to give a logical explanation of what I meant when I wrote it..."*

*My logic behind why I wrote it that way". (TX 795)*

At another time Mr Tait asks *"when did you realise that writing PRN was incorrect?"*

I replied *"it was never brought up to my attention at the time".*

He continues *"Have you now realised that writing PRN was incorrect?"*

I say *"It depends what ward you're in. Lasix PRN on the cardiology ward, I was told, was not written that way and neither is stat lasix. I am now told.*

*Stat Lasix is commonly written that way in the emergency department".*

His Honour intervenes, *"what does stat mean?"*

I reply *"stat means one dose, your Honour.*

Mr Tait continues on *"Do you accept now that writing Lasix PRN in the coronary care is incorrect?"*

I reply *"yes I do".*

Mr Tait then says *"When did you realise that?"*

I said *"when I was told about it.*

Mr Tait asks *"when was that?"*

*I said "Because I only spent one week in cardiology and I didn't get a chance to talk to a lot of the nurses there because I was always racing around, when it became pointed out to me a year after the event in the Board's February 2004 Show Cause notice.*

*That's when it was first pointed out to me that that error had occurred.*

*That's when I realised that Lasix was not written up in that way in the coronary care unit. [TX 794]*

At another time I was asked to state if I had made a particular comment to a nurse that I interacted with briefly two years previously after giving a phone order for fluids to a patient.

I said to His Honour *"Your honour, once again, he's asking me to recollect an event that was so far removed, so long ago. He's trying to trap me out in human impossible tasks so as to make a judgement on my credibility and I think his line of questioning is incorrect and unethical".*

His Honour replies *"Look, I'll allow the question" [TX 1106]*

In relation to this incident Mr Tait states *"You denied doing it at all. Denied doing anything".*

I replied *"I have accepted that such a mistake most likely did occur and if so I apologise for it".*

His Honour says *"Did you say that to Nurse Rutherford".*

I replied *"Your Honour, I can't recollect what I said to nurse Rutherford on that day" [TX 1107]*

*I would like to state that because I had worked in the hospital beforehand and because you have to give fluid orders to patients every 4 hours and because this is the first time that a complaint of this nature was made that I gave K to a patient with a high potassium, it is unlikely that I did not know that you do not give potassium to a patient with high potassium in the fluid orders. I mean, I most definitely knew that it is incorrect to do so. And if I made a mistake, I apologise for it. And it wasn't a mistake of judgement; it was a mistake of not having enough information before me at the time that I gave the order for whatever reason." TX 1107*

Mr Tait continues to cross examine me in the following way.

He states; *"Do you think your treatment and work was flawless, no problem?"*

I reply *"I don't think anyone's treatment or work is flawless".*

Mr Tait continues *"Do you think there's any ground for complaint about your treatment of the meningitis patient"?*

I reply *"My treatment of the meningitis patient-in retrospect everything looks easier but when a patient presents, it's very hard to know where they're heading at the time. There's so many symptoms and signs that overlap, especially with headache; migraines, meningitis, viral infections with headache for example. It's very hard to get clarity until you do-until time goes by and you see whether certain signs develop, whether certain symptoms subside.*

*So I believe that observation is a very important skill...*

His Honour interrupts *"well just look you're- you're going around in circles.*

I continue *"At the time I saw the patient I would never have done anything that was not appropriate. I carefully think about decisions and I don't rush into invasive tests.*

His Honour interrupts *"you're still going around in circle. You're still going around in circles. Do you consider it was appropriate?"*

I reply *"That's a very hard question to answer because I can only answer it by placing myself in the situation I was in when I saw the patient and that's not retrospect. In retrospect things appear different.*

His Honour then says *"Well, at the time you saw the patient do you consider your treatment of him appropriate?"*

I reply *"I think if I saw another patient that had a headache, minimal photophobia,*

His Honour interrupts *"no, no we're not talking about another patient. We're talking about Mr Young at the time you saw him".*

I replied *"Your Honour, what aspect of my treatment or management of this patient would you like me to comment on?"*

Mr Tait says *"Every aspect. Is there anything you think you did wrong in relation to Jarrad Young now?"*

I replied *"maybe I shouldn't have given an antibiotic; - at the time I had a very low level of suspicion that JY could have meningitis.*

*I thought it was some other infection, probably viral maybe bacterial he may have that was causing him to be systemically unwell.*

*And that's why I then took a white cell count. (TX 803-4)*

I was asked on day 12 *"Do you think that you have acted appropriately to criticism and correction by your superiors while you were at the Townsville Hospital?"*



I answered *"Your Honour I think that question is impossible to answer at this point in time"* [TX 1137]

I was cross examined for hours on questions related to how I filled out the fortnightly payslips at the hospital, 2 years previously.

I felt that this was an unfair interrogation and a form of mental torment.

I said to His Honour; *"Your Honour most people would think this a form of bullying and victimisation that I have to go through every payslip that I have actually filled out at the hospital, so, so long ago"* [TX 1013]

His Honour replied; *"I think the cross-examination is proper. At the end of the day in relation to some of them it may be a question of weight for the reasons you advance, but the question, prima facie, is proper"*.

I said; *"But your honour"*.

His Honour replied; *"No, no I've already made my ruling, Ms Tsigounis."*

I said; *"Okay, Your Honour."* [TX 1013, 1014]

Mr Tait states; *"You said you worked 12 days and then you had to work all weekend and that's not demonstrated on the document"*.

I reply; *"Mr Tait, I've just said to you that a lot of times I didn't fill in the payslips-especially the extra time I had to work in the hospital. Because I'd worked 12 days, I was exhausted, all I wanted to do at that point in time was sleep, and I think the monetary side of things was the least on my mind"*. *"There was a lot of times where I did overtime that I wasn't paid for"* [TX 1009, 1010]

I also said *"This was a long time ago, but I'm just stating what my usual practice was. Sometimes I would fill out these time sheets at the end of the week; sometimes I'd fill them out 2 days before the end of the week. The rosters were set rosters and many times you did some overtime that you wouldn't include in the timesheets because you'd already filled them out based on the set roster"* [TX 1012]

I continued *"I can't tell you for a fact now...what the reason was why I filled out that timesheet the way I did a number of years ago but from my recollection I can say I had worked 12 days consecutively during that period and then I was asked to do another two days by Dr Barry Hodges which I accepted as the hospital was in chaos and did not have enough doctors"* [TX 1013]

When faced with another question related one of the timesheet I answered in the following way;

*"Well, it's very difficult to recall. I mean these payslips are actually- they're filled out very, very quickly in passing" Well, I mean, they're filled out very quickly at the end of the week on the way home or just before. I can't recall exactly why I put down "ED" instead of "ED Surgery for one of them" [TX 894]*

*And "I also depended on the hospital to do the administrative parts of it accurately" [TX 895]*

*I said to His Honour "Your Honour, do doctors get deregistered because of the way they fill in their payslips: [TX 898]*

*Despite His Honour stating "I'll be finally basing my decision on what happened on your performance at the Townsville Hospital because that's your internship was there.*

*It wasn't Frankston or Greece or anything like that. I'm not concerned about Frankston or Greece. [TX 1275]*

*His Honour allows Mr Tait to ask questions related to my time in medical school, Frankston Hospital and my previous and present personal life. I said to His Honour "Your Honour, I don't see what the relevance of this past history has to do with my competency here in Queensland. Do you think it is appropriate for Mr Tait to delve into all this history"?*

*His Honour replies "Yes. Yes I do" [TX 969]*

*Mr Tait refers to the contents of Dr Kippax's report when asking the following questions.*

*Mr Tait; "Do you think there is some sort of- I don't know scheme to get at You from medical school?"*

*His Honour; "Medical School or the Medical Board?"*

*Mr Tait; "Of Victoria. Medical School of Victoria?"*

*His Honour; "Well, was the dean at the medical school out to get you, do you think?"*

*Appellant; "I've never stated that Professor Porter, the Dean at Monash Medical School at the time is out to get me. I had stated that I had some conflict when I was in fourth year medicine regarding a parking incident and it was in relation to the subdean, Dr Michael Oldmeadows".*

*Mr Tait; "Did you park in the Dean's car park and then lie about it?"*

*Appellant; "I parked in the wrong car park. I don't think it was the*

*Dean's. And when I was asked about it a while later I said it wasn't me.*

*The parking instructor at the Alfred Hospital identified the car as mine and I was asked about it.*

*I'd like to state in relation to that incident, I apologised to the subdean if there was any misunderstanding. I also like to state that it was so difficult to park at the Alfred Hospital because it was in central Melbourne and we as medical students were not allocated any parking spots. So we were always parking out the front of the Alfred Hospital and the police officers were so particular that if we were if you got to your car 1 minute passed the allocated time you would get a parking ticket. So we all accumulated a lot of parking tickets during that time. Certainly parking was an issue when I was a student at the Alfred Hospital in Melbourne."*

*Mr Tait; "Did you lie about the parking"?*

*Appellant; "We're talking about 1994?"*

*His Honour; "I think she's admitted that she did".*

*Mr Tait; "Yes?"*

*Mr Tait; "I'll read to you from the report of Dr Kippax. Did you tell Dr Kippax this "Towards the end of year 4, 1995, she was confronted by the subdean of medicine over a parking incident?"*

*Did you tell Dr Kippax that?"*

*Appellant; "I think we discussed a number of issues about medical school with Dr Kippax" (TX 870)*

*Mr Tait; "Anyway, she lied and now regrets doing this as he was able to prove her false".*

*Appellant; "I remember denying the fact, as things became clearer later I did admit I possibly parked in the wrong spot.*

*I did many times park at the wrong spot at the Alfred Hospital out of desperation and so did a lot of other people, students at the time".*

*Mr Tait; "You'd heard rumours that the subdean was anti Greek students and that now you did not stand a chance" (TX 871/872)*

- Appellant; *"There were a lot of rumours in medical school".*
- Mr Tait; *"Did you tell Dr Kippax that? I cannot deny that comment. I did say that the subdean at medical school, Dr Michael Oldmeadows had numerous students of ethnic origin who had problems with him throughout the years".*
- Mr Tait; *"Did you say you were hounded by him during that year?"*
- Appellant; *"Hounded?" I don't recall using the word hounded. I could have, I'm not sure".*
- Mr Tait says; *"Do you consider that he treated you unfairly?"*
- Appellant; *"I had conflict with him, but so did a lot of other people".*
- Mr Tait; *"He was determined to get rid of you; did you say that to Kippax?"*
- Appellant; *"I had been told by the other subdean, Professor Bruce Waxman that Dr Oldmeadows was not happy about the incident involving the parking, he's turning people against you. I thought it was odd".*
- Mr Tait; *"And you had good marks but you were failed (5th year) because of your attitude?"*
- Appellant; *"That was never determined. We did under Freedom of Information try to get my papers, but the Medical School did not totally comply with the request".*
- Mr Tait; *"So did you not tell this to Dr Kippax? She said her marks were good. Various consultants supported her work. But she was unfairly failed on the grounds of attitude"? (TX 873)*  
*But you said you didn't ever know your marks. How could you have told her your marks were good?"*
- Appellant; *"I said that we got an FOI order to get my papers that year. Only half of the examination papers were actually presented to us. There was a solicitor at the time named Golbin Jholl. He made a statement that he was surprised that they didn't follow the FOI request completely. The papers that I received revealed very good marks. I have copies of them, your Honour. But we didn't get the whole lot".*
- Mr Tait; *"Did you tell Dr Kippax that you were failed because of your attitude?"*

*Appellant; "Initially I had been told by the Dean of medicine I had been failed because I did poorly in the exams. When we got half the papers as a result of the FOI request three months later, and my solicitor confronted the Dean why I had been failed if the marks were so good. The Dean explained that it was a problem of attitude.*

*I believe Professor Porter is now retired here (Townsville).*

*His Honour; "All right. We might just have a break for morning tea" [TX 874]*

In relation to Frankston Hospital I was asked the following questions;

*Mr Tait; "So you were suspended from the hospital (Victoria)?*

*Appellant; "That's right, yes".*

*Mr Tait; "And what did the Medical Board do?"*

*Appellant; "The Medical Board then investigated, had a meeting with- as a matter of fact, your Honour, I'd like to state that Jo Flynn, whose Elanor Flynn's sister, was part of the Board's members that were to determine my fate, which I thought was odd".*

*His Honour; "What possible relevance is that?"*

*Appellant; "It's just a side thing, but it may be relevant" [TX998]*

*Mr Tait; "Did the Medical Board (Victoria) suspend you".*

*Appellant; "No. Dr Elanor Flynn suspended me, referred the matter to the medical board a month later, there was an investigation, a meeting with the medical board and then conditions were placed on my registration on the 16th February 1999. From then on I had to try and find a position in Victoria that would accept me with the conditions so I could complete my internship requirements.*

*I spent 2 months writing to every hospital in Victoria, I did get accepted by Warrigal Hospital at one stage but a week later they said no, we can't take you.*

*After 2 months of trying to find a hospital to accept me I decided to go to Greece and gain registration in Europe by sitting the reciprocity exams which I passed. [TX 999]*

*Mr Tait; "Did you tell Dr Kippax that in 1998 as a trainee intern you*

*found yourself again targeted by the Director of Clinical Training?"*

*Appellant: "I told her that the Director of Clinical Services, Dr Elanor Flynn, suspended me. I also told her I didn't have much contact with Dr Flynn and she was not my supervising doctor at any stage during the 10 months that I worked at the Frankston Hospital".*

*Mr Tait: "And did you tell her that you believed this was quite unfair as other trainees were performing much worse than you were?"*

*Appellant: "Yes and I also explained to her that during that year as an Intern there were so many mistakes that were made by Interns- very severe mistakes, some resulting in death. For example one particular Intern, Jill Singleton, actually gave a patient Go Lightly, which is something you give orally for the treatment of constipation, but it can deplete your potassium. [TX 875]*

*This patient became so hypokalemic that he arrested and died.*

*This was a healthy patient with constipation that was overloaded with Go-lightly and died, an iatrogenic cause of death.*

*Nothing was done in relation to this error by Hospital management. I thought it was odd that certain incidents like that occurred and nothing was done, and I was actually suspended on such issues like I didn't go quickly enough to see a patient that required a cannula.*

*This patient's name was Rowan Crowley, a chronic patient with cystic fibrosis. I had placed a cannula in his arm that morning and it was very difficult to put in cannulas in his arm because he had had so many and because they continued to tissue because of his condition.*

*I was asked to place in another cannula on that same day for hydration purpose and I was accused of not going quickly enough.*

*That was one of the reasons I was given for my suspension. I was also accused of not going quickly enough to see a*

*patient with a swelling in the neck when this patient was at no risk as I had determined from asking a nurse about the patients vital signs and the fact that the patient was breathing properly and was stable, so it wasn't an emergency situation when at the time of being called I was in an emergency situation with another patient. I expressed the fact that I thought it was odd and unfair that I had been suspended. [TX 876]*

The questioning turned personal.

*Mr Tait; [referring to Dr Kippax's report] "It became apparent to her soon after the marriage that he was in a homosexual relationship with a friend who lived nearby".  
Is it the truth?*

*Appellant; "No, it's not. It's not what I relayed to her".*

*Mr Tait; "I'm not interested what you relayed to her. I'm interested in the truth.*

*Appellant; "My issues with my husband. I don't think that's relevant Your Honour" [TX 797]*

*Mr Tait; "Well, you see, you introduced yourself as "I'm a married woman".*

*Appellant; "I am".*

*Mr Tait; "You forgot to mention that you've been-that the marriage apparently has been over for years?*

*Appellant; "No, it hasn't. We're still together trying to sort things out".*

*Mr Tait; "Oh, Are you? He's in America.*

*Appellant; "He is in America. We're trying to sort out certain issues, because there are complications when someone's from the states and their partner's from Australia and you both meet in Greece and then you both work in Greece but you both struggle with the language. The plans from then on were very complicated as to where we could both reside and work as doctors". [TX 798]*

*Mr Tait; "So, what Dr Kippax says is untrue, you did not tell her that".*

*Appellant; "I did not tell her my husband was a homosexual; I told her there were issues in the relationship regarding certain things".*

- Mr Tait; *"Did you tell her he pretended to be broke when he actually had a lot of money?"*
- Appellant; *"Yes that's true" This was about 2 years ago. There were issues related to finances. ..  
Your Honour I don't think that's appropriate".*
- Mr Tait; *"The relationship was very unstable, you husband was cold and disengaged?"*
- Appellant; *"I agreed that I possibly told Dr Kippax that".*
- Mr Tait; *"Did you tell her that he spent all of his free time with his male lover?"*
- Appellant; *"No. I didn't". I don't think Dr Kippax's report is an accurate presentation of what I said during that meeting. Your Honour I don't think this is relevant to my competency as a doctor".*
- His Honour; *"Well it's a report that's been referred to. And it does bear on your background and perhaps your credibility" [TX 799,800]*
- Mr Tait; *"Did you tell Dr Kippax that in second year medicine you had married mid-year to an anatomy demonstrator?"*
- Appellant; *"That's true".*
- Mr Taitq; *"And that he resumed a homosexual relationship with a long time friend soon after?"*
- Appellant; *"That's right".*
- Mr Tait; *"You did tell her that?"*
- Appellant; *"I did tell her that, I think on some level. I got married when I was in second year medicine to my tutor from University at the time that was part of the department teaching us Anatomy.  
He was a doctor who had been employed by the University as an Anatomy tutor. I think I was very young at the time and very immature and he was my first ever relationship. I did get married to him and he did have a homosexual relationship which I found out about, which was the reason why I left him" [TX 800]  
"And I think the two of them are still sort of on and off. They were both doctors employed by the Monash University Medical School". [TX 801]*



His Honour and Mr Tait searched and searched for new lines of attack.

On day 13 Mr Tait said; *"Her demeanour today is something you can take into account. Her skill today is, in my submission something you can take into account"* [TX 1240]

On the same day Mr Tait says to His Honour *"is deskilling admissible.*

His Honour replies *"Deskilling"*.

Mr Tait states *"Deskilling over the last two years"* [TX 1239]

On day 13, Mr Tait summarises his new line of argument and tries to make a point by misquoting me;

*"She has an extremely good memory for which affidavit it was which patient, what measurements and so on. But she seems to lack a capacity or a full capacity to accept criticism and correction and even with my main point the meningitis incident, it is not the clinical error but a preparedness to accept that there might be another point of view"*.

His Honour says *"What did you say? She lacks the capacity to accept criticism and correction.*

Mr Tait replies *"yes"* [TX 1236]

His Honour states *"yes"*.

Mr Tait continues *"That's a submission of mine.*

*You'd never hear Ms Tsigounis accept that, you know, something was wrong. She seems unable to accept that if a mistake was made you correct it.*

*The whole evidence is riddled with "It wasn't my fault".*

*It was the subdean who picked on me and failed me. It wasn't my fault about the hospital. It wasn't my fault that I couldn't get a job. It was the boys club. It was the blacklisting.*

*It wasn't my fault that the medical board didn't register me up here. I did send the internship report but they've hidden it"* [TX 1237]

At one stage during my cross-examination His Honour asks; *"Do you feel there's some conspiracy against you by a whole lot of people?"*

I replied, *"I can say that most of the people I worked with gave me very good reports, your honour and very good comments"*.

Mr Tait says; *"do you feel there was some sort of conspiracy by anybody?"*

I replied, *"once again Mr Tait, I'd like to state that I got along very well with most of the registrars that I worked with"* [TX 866]

Mr Tait continues; *"You're not suggesting that there's any conspiracy which has affected the evaluation of your evidence- the evaluation of your performance in Townsville, are you?"*

I replied; *"Mr Tait, I've never used the term "conspiracy".*

Mr Tait then says; *"so you're not suggesting that?"*

I reply, *"I am trying to work out why I have been deregistered based on these complaints. It's unusual, I think an unusual situation that I have been deregistered based on the main complaint being the so called meningitis patient which is doubtful whether he had meningitis, and the second main complaint as quoted by you Mr Tait being a cervical/rectal swab speculum incident which is totally based on hearsay that has been inconsistently reported"* [TX 1096]

Mr Tait a few minutes later once again asks *"So, there is no suggestion of any conspiracy in Townsville by you that caused you to fail?"*

I reply, *"I have already answered that question"* [TX 1097]

I was asked questions in relation to what Dr Xhori had conveyed before the court in his evidence.

Referring to a statement made by Dr Xhori, Mr Tait says: *"A few times we had a discussion and you were very concerned that Australia was not a democratic country".*

I replied; *"We had a discussion in the library. That was one conversation, really. The other one was in passing. He relayed to me a lot of information about himself during the conversations and the political persecution of citizens in Albania.*

His Honour then says *"Australia isn't a democracy?"*

I reply, *"I believe we live in a country that has got some level of democracy".*

His Honour states *"Some democracy, I see?"*

I say, *"Well I don't think pure democracy exists in any country"* [TX 868]

Mr Tait then says; *"And you said, "But-everyone is under investigation. Things seem to be alright here, but actually everyone's under investigation". Did you say that to him?"*

I replied *"He must have misunderstood, because no, I do not recall saying that".*

They had exhausted all lines of attack.

His Honour concluded the hearing by saying to me; [TX 1241/1242/1243. Day 13].

*"Ms Tsigounis, you say that I should find that you satisfactorily completed 12 weeks' surgery and that you have effectively completed your internship? I reply "That's correct".*

His Honour then says *"And what's your other argument?"*

I reply *"The other argument will be that the Medical Board should not have refused me registration when I applied at the time- they should have granted me registration then without starting off the Show Cause period that went on for a year.*

*And that the procedure that the Board used in coming to their decision, on the 26 March 2004, was not only inconsistent and inadequate but was legally wrong.*

His Honour says: *Well, yes.*

And then says;

*"Assume I reach the conclusion that you hadn't completed 12 weeks of surgery satisfactorily and assume I reached the conclusion that the decision by the Board was too harsh and I thought your internship should be extended?"*

I replied *"I would think, your Honour, that would be an incorrect decision on your part" [TX 1242]*

His Honour then says; *All Right, but if I reached that decision...and thought that it should be extended?*

I reply *"I can't answer that question, your Honour; because I don't think it should be extended, under the circumstances".*

By the end of the hearing I knew that I had discredited every point against me, but despite knowing, I did not feel the confidence and peace of mind that naturally follows from such knowledge.

It was the judge's intent that was haunting me, the one thing that had remained constant throughout the hearing.

His Honour's eyes would flash with temper when I had tried to reveal the truth about the Board's process or came too close to arguments that would have been devastating for the Board.

At other times his eyes would sharpen at a possibility of a successful point made by the Medical Board or His Honour's face would turn alight when Mr Tait would propose a new way out for the medical board.

At one point, angry that Mr Tait had lost his argument, His Honour said, with

a virulent look *"And at the end of the day Ms Tsigounis may convince me that she is right"*.

Mr Tait replied *"And if she does, I'm sorry"*.

He had then curled his lips in contempt.

Towards the final stages of the hearing, His Honour had asked Mr Tait to prepare a document with all of the complaints against me, the dates, and which departments they came from.

This document was included in the evidence on day 13 as exhibit 63.

Referring to this document Mr Tait said to His Honour *"And between the transcript and other documents we'll be able to find an answer, but we don't necessarily know them. But...."*

His Honour intervenes *"All Right. Well-if you find anything from the transcript, will you ...."*

Mr Tait says *"Put the transcript reference."*

His Honour says *"Yes" [TX 1244].*

When discussing with Mr Tait in relation to a hospital placement if a decision was made to extend internship requirements His Honour states *"I'm not sure that she'd have a happy experience if she went back to the Townsville Hospital"*.

Mr Tait replies *"I think it would be unlikely. Well. There's just been too much antagonism by both sides"*:

His Honour replies *"Yes"*.

Mr Tait then says *"I think your Honour's observation is accurate."*

His Honour then says *"I mean, it'd be like releasing someone on bail on conditions which effectively set them up to fail"*.

Mr Tait says *"That's right, yes"*.

His Honour says *"Yes"*.

*"I'm sitting here watching everything" [TX 1245],* His Honour had said.

But was His Honour's eyes in fact closed to the truth?

I sensed a bad will and felt that there was a cloud in the horizon.

This judge was not the one to rescue me from the hell that I was in.

For 6 months I prepared submissions for the judge trying to prevent a greater error from occurring from the one it sent out to defend.

A barrister Peter Murley assisted me with this task and it was apparent that Law and Reason were on my side.

Mr Murley had said that he would not represent me any further if the situation was not resolved on this level as he did not want to antagonise people that he had known for over 20 years.

I accepted gratefully any help that I could get.

Judge Wall made the following decisions:

*First Judgement 11/5/05*

- 1. The Appeal is allowed**
- 2. The Decision of the Medical Board of Queensland that the Appellant has not satisfactorily completed internship requirements is confirmed.**
- 3. The Decision of the Medical Board of Queensland to cancel the registration of the Appellant is set aside and the Board is directed to extend the Appellant's probationary conditions for a period of one year by requiring her to undertake all of the prescribed internship.**

*Second Judgement 12/7/2005*

**Orders as indicated on the 11 May 2005 with an additional direction to the Board that the appellant undertake the prescribed internship at a hospital other than the Townsville Hospital.**

## CH. 6. THE HIGHER COURTS

*Injustice anywhere is a threat to justice everywhere. ..*

*Martin Luther King*

The boys-club and mateship are well established phenomena within the Australian Culture. [Sawyer, K.R (2004) @Courage Without Mateship'. National Conference . Whistleblowers Australia.]

In the early days of Australian settlement, there was a great disproportion of males to females and many have traced to the convicts the beginning of a male dominated society in Australia.

The mateship phenomenon has its origins with the lonely Bushman of the 1800's. It was a sentiment that provided comfort and belonging and served to strengthen provincialism and xenophobia. [A Short Story Of Australia, by Manning Clark. Penguin books Australia Ltd 1995. Chapter6, page 125]

In the Story of Anzac 1 [1921, CEW BEAN], the following is stated;

'The typical Australian was seldom religious in the sense in which the word was generally used. So far as he held a prevailing creed , it was a romantic one inherited from the goldminer and the bushman, of which the chief article was that a man should at all times and at any cost stand by his mate. That was and is one law, which the good Australian must never break. It is bred in the child and stays with him through life'.

Despite such phenomena existing within the Australian Establishment I continued my quest for justice.

I was reassured that the higher courts were of a better quality as I endeavored to search for a barrister that would conduct the appeal at the Supreme Court of Brisbane.

I employed Mr Mervyn Ward from New South Wales.

We agreed on a price for the initial document to be prepared to the court, namely the Outline of Argument that would initiate the appeal and signed a contract.

He recieved \$30,000 for this task.

He then demanded another 30 thousand and then another 30 each time failing to complete the document and each time extending the date to which this document was to be filed with the court.

Finally, and after having recieved \$150,000 he completed the document.

Mr Ward had failed to include in the document the procedural errors made by the medical board and the malice and fraud issues despite having agreed to do so.

I was furious but it was becoming clear what the issues were that needed to be burried and the reasons clear.

If one could prove that the Medical Board had acted maliciously they would have to pay damages.

And if the Medical Board or its members had acted fraudulently with intent to injure then they would face criminal charges under Australian Law.

Mr Ward then agreed that he would prepare and submit before the Court a supplementary Affidavit with issues regarding the submission of fresh evidence before the court, that is to include the material Mr Dreyfus had left out.

He withdrew from the case before completing this task.

I completed this document myself and filed it before the court.

I made a complaint to the New South Wales Bar Association in relation to Mr Ward's incompetence and failings.

It was dismissed as having no basis.

During this period there was a shock wave through Australia in relation to Dr Jayant Patel, dubbed by the Australian press and media as "Dr Death".

Dr Patel was being accused of gross incompetency whilst holding the position as Director of Surgery at the Bundaberg Hospital in Queensland.

The Beattie government(Queensland) had begun an official Inquiry called, "The Morris Inquiry" led by Queens Counsel, Anthony Morris, a leading Brisbane Barrister.

This Inquiry was to take 6 months and cost 6 million dollars of tax payer's money.

The Inquiry was aired on national television as nurses, doctors, local Queensland Health administrators and former patients gave evidence.

One nurse said that Dr Patel had *"amputated a leg unnecessarily"*.

And that he *"removed a patient's bowel on an account of suspected cancer which was later found to be benign and that at other times he removed the wrong organs, excising the healthy ones instead of the ones that had cancer"*. Another said that *"He tried to drain blood from a man's heart with a stabbing motion and the man died later that night"*.<sup>\*</sup> [Courier Mail. 22/4/2005] And yet another said *"we'd taken to hiding patients, thinking what on earth we can do to stop this man"*.

Dr Patel was also described as *"delusional"* and *"psychopathic"*. [Courier Mail. 16/4/2005.] *"Dr Death now pretending to be his Brother"* who was often *"rude to his colleagues"* and *"would routinely understate the seriousness of his cases"*.

It was stated that Dr Patel had *"fled"* the country and the following letter to him by Premier Peter Beattie became publically known.

(Beattie website);

"I believe you owe it to your patients to return to Queensland as soon as possible to explain your actions in relation to the treatment received by patients at the Bundaberg Hospital.

If you maintain, as members of your family have reportedly stated, that you are an excellent doctor who provided quality care to your patients you also owe it to yourself to come forward and defend your actions.

On April 26, 2005, I announced a Royal Commission of Inquiry under the leadership of Tony Morris, Queens Counsel, to investigate a range of issues and allegations.

The terms of reference for that Inquiry are available on [www.healthview.com.au](http://www.healthview.com.au).

On behalf of the Queenslanders who allege that you have harmed them or their loved ones I ask you to come forward immediately in person, or through your legal representatives to begin addressing the serious issues that are under investigation by the Morris Inquiry".

It was ironical when I later read that Dr Patel had flown to America during this period using a business-class air fare paid for by Queensland Health, that is by the Queensland Government 1 <sup>\*</sup> [Department of Government of Queensland responsible for operating and administrating the public health



system of the Australian State of Queensland. It is responsible to the state's minister for health, Stephen Robertson and its director-general, Michael Reid-Wikipedia]

I followed the Patel Case thinking at all times that it was too insane to be real.

The Morris Inquiry was suddenly stopped and Tony Morris was asked to step down.

He was being accused of being *"aggressive, cynical and sarcastic"* towards the bureaucrats. 2 {The Australian.} July/8/2005. "T.V footage in Dr Death Challenge"}]

Two senior Queensland Health Bureaucrats in the Bundaberg region, Darren Keating and Peter Leck, filed a suit in the Supreme Court of Queensland calling for the Inquiry to be shut down.

Keating and Leck alleged that Morris had shown apprehended bias against them when they were giving evidence and therefore the Inquiry did not have the necessary impartiality.

On September 1, Justice Martin Moynihan of the Supreme Court of Brisbane ruled in favour of the plaintiffs finding the Commission of Inquiry was contaminated with ostensible bias against Keating and Leck.

Justice Moynihan ordered that the Morris Inquiry be shut down.3

Of this event Tony Morris said4;

*"If the person chairing a public inquiry is prohibited by law from forming and voicing suspicions, drawing inferences, and developing hypothesis, then we might as well give up. There is simply no point in having Commissions of Inquiry or Royal Commissions, whilst the law in Queensland remains as stated by Justice Moynihan.*

*"My fear is that Justice Moynihan's decision will lead future public inquiries away from the ideals of openness and transparency which were my touchstones and recognition that any attempt at openness and transparency increases the risk of a successful judicial challenge".*

On September 6<sup>th</sup>, Premier Beattie called for a full investigation of the evidence given to the Morris Inquiry by a prominent former Judge, Justice Geoffrey Davies QC.

Mr Beattie stated that this review would "in essence" be a new Inquiry titled "Queensland Public Hospitals Commission of Inquiry", widely known as the "Davies Inquiry". This Inquiry began formally on the 8th September, 2005 and its

Terms of Reference broadened to include similar issues that had arisen with doctors in other Public Queensland Hospitals including The Townsville Hospital. I sent submissions into the Davies Inquiry revealing severe misconduct and breach of statutory powers by the Medical Board of Queensland and The Townsville Hospital.

I received the following response.

“Bundaberg Hospital Commission of Inquiry  
8 August 2005

Dear Dr Tsigounis  
Bundaberg Hospital Commission of Inquiry

Please forgive me for taking so long to respond to your Correspondence. Now that I have read the material you have Supplied, I am particularly sorry. I can see that my delay has been another one of a long list of frustrating experiences you have been enduring.

The issues, which the Commission may consider, are limited to the Issues within its terms of reference. There is no discretion to Consider issues unless they fall within the terms of reference.

Occasionally there are issues which may indirectly come within the Terms of reference. I have considered the sad circumstances relating To the refusals by two medical boards to register you. On the Assumption that everything is as you report, and then you may have been unjustly treated.

However, I am sorry to report to you that the issues relating to your treatment do not fall directly within the terms of reference. There are many issues falling within the terms of reference, which may not be reached because of the tyranny of our timetable. For both reasons the Commission is unable to explore your case.

Signed  
David Andrews  
Counsel assisting the Commission of Inquiry”

The Final Report of the Davies Inquiry was handed down on November 30, 2005. In relation to Dr Patel, It recommended that charges of manslaughter and other criminal offences be laid.

It also reported that much of the blame in the Patel case be attributed to two former Health Ministers, Gordon Nutall and Wendy Edmond, as well as senior Queensland Health Bureaucrats for allowing the existence of an organisational culture of secrecy and ostracising of whistleblowers that allowed Patel's misdeeds to go unpunished for two years.

An independent surgeon, Peter Woodruff was asked by Justice Davies to examine Dr Patel's work and concluded that Dr Patel had negligently caused 13 deaths and possibly up to 17.

In the midst of this scandal I also spoke with Mr Morris explaining my situation and in particular the repeated problems I had had with my lawyers. Mr Morris seemed to understand more than what I said and agreed to conduct the case at the Supreme Court.

I employed Tony Morris together with Brisbane Lawyers, "Boe Lawyers" to brief him.

My interest in Patel continued well after this period and I was horrified with its events.

Queensland Premier, Peter Beattie said his government would adopt all the recommendations put forward in the Davies report and that it would act immediately to keep *"charlatans like Patel out of Queensland"*<sup>1</sup>

Dr Patel was then charged with 3 charges of manslaughter, 5 charges of causing grievous bodily harm, 4 of negligent acts causing harm and 8 charges of fraud.

Federal Justice Minister, Chris Ellison said that the Commonwealth was working closely with Queensland officials on this case.<sup>2</sup>

The Government was criticised during this period over delays in preparing extradition proceedings against Dr Patel. 3 {Australian News.Net.} Queensland Premier Denies Australian Police Bungle in Dr Death's Case. 29/5/2008}

It was said during this period that the delay by Queensland police to produce requested documents in relation to extradition proceedings was another embarrassing blow for the Queensland Government.

It was stated that even after 18 months, Queensland prosecutors said they had failed to meet the standard of proof required in the United States to extradite Dr Patel.

Authorities in Queensland admitted they were not ready at this stage, to apply for Dr Patel's extradition and admitted to having been told by the United States to strengthen their case, saying that police had only one chance to formulate a water tight case. 4 {Australian News.Net. Queensland Prosecutors struggling to extradite "Dr Death". 4/8/2007} \*[The Age.com.au. 23 June 2005. QLD Fends off extradition Criticism] [The Australian. "Time Needed to Launch Extradition". 23/6/2005. By Rosemary Desmond and John Sheed]

In response to the extradition request that was finally organised by the Australian authorities, a warrant for Dr Patel's arrest was issued in March of 2008.

Dr Patel was arrested by FBI agents from his home in Portland, Oregon and remained in police custody at Portland's high security prison whilst his lawyers fought the extradition to Australia.

United States government prosecutors said *"the government respectfully requests that Dr Jayant Patel be held without bail pending extradition proceedings against him"*.

USA Judge, Judge Hubel said that Dr Patel, a US citizen, has *"sufficient assets to flee if released on bail his country of birth, India"*.

His lawyer at the time, Stephen Houze said publically that in view of all the negative publicity, Dr Patel would not receive a fair trial in Australia.

[\* The Federal Bureau of Investigation. Is the primary investigative arm of the United States Department of Justice, serving as both a federal criminal investigation body and a domestic intelligence agency. At present the FBI has over violations of more than 200 categories of federal crimes, making the FBI the de-facto lead law enforcement agency of the US government]

Mr Beattie responded in the following way; *"There is a very important principle here and that is it is important to say up front that I believe if this process is successful Jayant Patel will get a fair trial."*

*I believe that we will be able to find 12 independent Queenslanders who will judge this case on its merits"*.

Dr Patel was granted bail in the US after having spent 5 months in jail.

He agreed to stop fighting the extradition that would take years and instead return to Australia to face the charges.

Two Queensland detectives escorted him on the overnight flight to Australia in 2008.

Passengers who were on the flight said Patel was handcuffed and was sitting behind the screen with his head down for most of the flight.

Dr Patel's return received headline coverage in the Australian media, with news vehicles and helicopters following his transfer from the airport to a cell in a police station in Brisbane.

Dr Patel appeared in court with a court appointed attorney, telling Federal Magistrate that he was unable to afford a lawyer after incurring significant pre-trial legal fees.

He sat there hand-cuffed.

He was released on bail for \$20,000, was forced to live in a place approved by the Director of Public Prosecutions, had to surrender his passport and report to police 3 times a week.

Dr Patel also agreed to wear a tracking device.

Mr Beattie said publically during this period that one of the problems in getting to this point was securing enough medical evidence for some of the charges. *"That was the big stumbling block"* he said.

Later on that month Australian Authorities dropped one of the 14 charges against Dr Patel.

The removal of a "grievous bodily harm and negligent acts or omissions" charge related to an alleged bungled operation on a Queensland cancer patient, was dropped upon request from the US Department. {Web Site. Dr Jayant Patel/ Top News. {topnews.in/people/drjayant -patel. 7/17/2008. Oz Authorities drop one charge against Dr Death, by Mohit Joshi}

A committal hearing has been organised in February of 2009 to establish whether there is sufficient evidence for a jury trial.

The magistrate also set aside an additional 2 weeks in April of 2009, to accommodate any overseas or interstate witnesses that would attend the initial hearing.

It was not until April of 2008, that his new lawyer, Arun Raniga, won a court hearing in the US so to be able to get the Bundaberg hospital to make available the clinical notes of the patients concerned regarding the allegations against Dr Patel.

If charged Dr Patel is to face up to 100 years in jail.

Tony Morris submitted a document to The Standing Committee On Health and Ageing of the Commonwealth, House of Representatives regarding the

standing committee's Inquiry into Health funding and the issues surrounding Dr Patel.\* {MORRIS TESTIMONY titled "Submission to the standing committee on health and ageing of the commonwealth house of representatives regarding the standing committee's inquiry into health funding by Anthony J.H Morris, L L.B (Hons) QC.}

Formerly chairman of the Bundaberg Hospital Commission of inquiry.

The document was dated 7th September of 2005.]

In this document Mr Morris states;

"Dr Patel was born and received his undergraduate education in India.

He later trained and worked in the United States, especially in New York State and Oregon.

Patel performed unnecessary operations such as the removal of a patient's bowel on account of a suspected cancer, which was later, found out to be benign.

Dr Patel removed the wrong organs, excision of a healthy organ instead of one which had been found to be cancerous.

Dr Patel did not comply with accepted standards and procedures for wound closure, often resulting in burst abdomens and incisional hernias.

Dr Patel's patients experienced an unacceptable number of wound dehiscence's, anastomotic leakages.

Dr Patel's operative procedures revealed a lack of up-to-date knowledge in many aspects of medical practice.

Dr Patel's medical notes frequently misrepresented the course of the patient's progress, both operatively and post-operatively".

Tony Morris recommended charges of murder, negligence and fraud against Dr Patel.

He further identifies the problems as follows;

"There are structural and systemic factors that are at the heart of the problems facing the public health sector.

What occurred at Bundaberg is not itself the disease: it is merely an acute symptom of a condition which is chronic, wide-spread and potentially terminal”.

“Any explanation for the Patel phenomenon must recognise a confluence of factors, each of which was necessary but not sufficient in it, to produce that phenomenon.

Most of the factors have been present, at least for several years (perhaps much longer) at most (if not all) hospitals throughout Queensland”.

“Patel himself was like a bacillus which, introduced into an unhealthy body, found the body in such a weakened condition-its defensive mechanisms so atrophied-that it could wreak havoc, without detention or resistance, for 2 years”.

“Many of the witnesses who testified before the commission of Inquiry spoke of a culture within Queensland Health whereby;

“The Institutional reaction to adverse events and crises is consistently the same: first you deny the facts; secondly you bury the evidence; and thirdly you shoot the messenger.

People who are troublemakers- that is, those (especially clinicians) who raise concerns and identify problems are subjected to “trumped-up” disciplinary complaints and threats of civil and criminal action; have their honesty, their motives and their clinical competence challenged; are victimised with inconvenient rosters and other workplace impediments; and are otherwise bullied until they are eventually eased (or squeezed) out of the System altogether.

Visiting Medical Officers-that is, medical specialists from the private sector are actively discouraged, because they tend to highlight inefficiencies in the public sector, and, because they are not dependant on Queensland Health for their regular incomes and are therefore immune to Queensland’s Health’s usual bullying tactics, are the first to become troublemakers as described above.

Meanwhile, Overseas Trained Doctors are much prized, because they are not financially dependent on Queensland Health-their very right to remain in Australia is dependent on their not making waves with their employer”.

“The existing culture” is largely contributed to by a “them” versus “us” relationship which exists within Queensland Health, between bureaucrats and clinicians; that clinicians do not exist to make life easier for bureaucrats. And if they cannot or will not learn to understand that simple proposition, they must go”.

“Queensland Health has an extraordinary budget culture. This is partly caused by the lavish expenditure on “projects” within Queensland’s Health’s corporate office- “projects” which do not involve the provision of any health services directly to patients, and which are sometimes even though there is no funding available to implement the outcome of the “project”, if and when the B concerned eventually finalise it.....

“One of the central problems identified in the Patel phenomenon is that there needs to be a fundamental change of mind-set, so that problems within the public health system are openly and frankly addressed, rather than covered-up.

For instance, the on-going fraud perpetrated by Queensland Health-of publishing purported “waiting lists” statistics, whilst denying that there is a “waiting list for the waiting list’- should become a thing of the past”.

And further suggests;

“Appropriate protection for whistleblowers including in an appropriate case, the right to communicate their concerns to members of State and Federal Parliament, their unions or professional associations, and the media- will prevent at least some of the bullying about which so many witnesses have complained”.



The Need to address the reputation of QLD Health for bullying staff, and for adopting a shoot the messenger attitude.

A need to change the culture within the Departments administration.

Some of the patients treated by Dr Patel have proposed to take the Queensland Government to court for not detecting Patel's poor job performance earlier. However, with changes to state law originally intended to limit payouts to patients who sue their doctors on health matters, which were before the scandal broke, it is now said that it is unlikely that they would receive significant compensation.\*

\* \* \*

Tony Morris prepared the same outline of argument that Mr Ward had prepared for \$150,000 for \$3,500.

He filed it with the Supreme Court of Brisbane.

The following is a section of this document:

“In essence, it is the case for the Appellant/Applicant (hereinafter called “Dr Tsigounis”) that the learned primary Judge-His Honour Judge Wall QC-acted unjudicially, and entirely misconceived his functions” in that he payed only lip service to the Briginshaw standard:

1. His Honour made purported findings of fact which were not supported by the evidence
2. Where the evidence was in conflict (especially with respect to matters of expert opinion), failing to articulate any reasoned or intelligible basis for accepting one body of evidence in preference to another
3. Substituting his own amateur diagnostic skills for expert evidence and
4. Failing to address the true issues in the proceedings

Moreover, the learned primary judge required Dr Tsigounis to commence the hearing without legal representation and to appear unrepresented for the first three days amounted to a serious denial of procedural fairness.

And

In numerous instances either there was no evidence to support the learned primary Judge's findings in favour of the Board's case or to the extent that there was "evidence" supporting the Board's case, it was technically inadmissible and lacking in any probative weight.

In accepting the Board's case, the learned primary Judge either rejected-or simply failed to have regard to-the evidence of Dr Tsigounis, and evidence supporting her even where there was no evidence to the contrary and/or to the extent there was evidence to the contrary, it was not put to Dr Tsigounis or the relevant witness in cross-examination.

In virtually every instance, where there was conflict in the expert evidence, the learned primary judge found in the board's favour without any regard to the numerical weight of expert witnesses favouring Dr Tsigounis, the weight of expert testimony from witnesses called by the board, but who gave evidence favourable to Dr Tsigounis, the fact that expert witnesses called by the board founded their opinions on assumptions which were contradicted or were not sustained by admissible evidence or concessions made under cross-examination, by expert witnesses called by the Board

The learned primary Judge failed almost in every instance to articulate any reasons, let alone a reasoned or intelligible basis, for preferring the evidence supporting the Board's case, over the evidence supporting the case for Dr Tsigounis

The only conclusion reasonably open on the evidence-let alone applying the Briginshaw standard of proof, would have been a finding to the effect that Dr Tsigounis had satisfactorily

completed internship conditions in accordance with the Information Notice dated 21 June 2002.

The learned primary Judge utterly misconceived the purpose of the factfinding exercise on which he was embarked. His honour failed to address the real issue, namely whether, assuming that the treatment received by patients in some instances may have been sub-optimal Dr Tsigounis was responsible for that to a degree which called into question her fitness to be registered as a medical practitioner”.

At a later date, Tony Morris stated he was to submit a second argument before the court, dealing with the procedural errors that had been made by the Medical Board, the malice and the fraud issues.

He then, changed his mind and this document was not completed.

Mr Morris did not withdraw from the case, at least in a physical sense.

On the first day of the Supreme Court Appeal hearing, the 1 August 2006, I felt, maybe somewhat prematurely, that Mr Morris was not arguing my case with its full force.

After the first 10 minutes, the case was adjourned and Mr Morris wanted to see me.

He told me that my case was “politically flagged” and there was no point to go on as the Judges mind’s had already been set against us.

I instructed him to continue on and fight the case legally.

I had paid \$50,000 to these lawyers and I was not going to allow them not to complete what they had been paid for to do.

I was horrified at what came next.

Mr Morris did not object when the Judges began changing the evidence so as to cover up the material that would have led to me winning the case.

First and foremost cover-up was the Board’s, statutory incorrect procedure.

The following is a section of the Supreme Court transcript

*Mr Morris: Our learned friend Mr Tait identified in different versions said to have been given by Dr Tsigounis in relation to the meningitis patient. May I simply ask the court to take into account?*

*When comparing those inconsistencies the state of Dr Tsigounis' Knowledge at the time when she gave particular versions. For example the first version identified was in response to, in any event, appear in A3014.*

*Williams JA: That was in response to the show cause notice?*

*Mr Morris: That was in response to the show cause notice.*

The above comments gives one the illusion that there was only one Show Cause Notice when in effect there were three show cause notices presented before the Medical Board made their final decision.

Secondly the evidence regarding my competence as a doctor and the facts regarding Mr Dreyfus' withdrawal from the case.

The following is also a section of the transcript:

*Mr Tait: There is no evidence that she would satisfactorily complete any further internship within 12 months.*

*We submit that the highest that the evidence was Professor Judson's evidence.*

*In my submission what he's saying that you need an extra year. I think it was Professor Dewan advocated a couple of weeks.*

*There was just no justification; no real evidence or no evidence that a judge could find that she will satisfactorily complete internship even after another year.*

*The Dreyfus complaint was before the Judges in Volume 17 of their documents, so the following comments in relation to this matter does not gel, at least on the outside.*

*Keane JA: This seems to be the suggestion that Mr Dreyfus and perhaps his junior who had been acting in the matter had had their services dispensed with a week out from the hearing.*

*Mr Tait: It was apparent as Justice Keane stated a week or so before the hearing that Mr Dreyfus had been dismissed and Mr Franzese then turned up at the court.*

That evening, I was extremely distressed.

I tried to suppress a cocktail of emotions that included anger and frustration so I can think logically on how I was to deal with the situation.

After a glass of wine I made a call to an old barrister friend of mine, Charles Waterstreet who resided in Sydney.

It was he whom I had wanted to conduct my case at the Supreme Court but he had been unable to do so because of health problems.

With a shaky voice I had informed him of what was happening.

He reassured me by saying "*the game is not over yet*" and told me to give Mr Morris written instructions as to what he should argue before the court.

He said to me if Mr Morris refused, I was to ask him to withdraw and tender my instructions to the Judges asking for an adjournment so as to obtain other legal representation.

I tried to maintain some calm for the rest of the night.

The next morning I handed my instructions to Tony Morris, who scrunched up his face whilst reading them before saying "*I will not do it*".

Calmly I informed him that he should then withdraw from the case as he was not complying with his client's instructions.

He then said menacingly "*I will not withdraw*".

I then approached Andrew Boe, the solicitor, and told him I wanted Tony Morris sacked as he was refusing to follow my instructions and argue the issues that are the strengths of this case.

After a few minutes, Tony Morris approached me and said he was happy to read out my instructions before the open court and discuss them as he sees fit.

I ordered him to discuss them in relation to the law, the truth, the evidence and to the justice of this case.

I was unsure from his lack of response what he was going to do and anxiously I watched in anticipation.

I was hoping he might comply as the thought of having this case adjourned with more delays, and having to search for another solicitor, and paying more money was making my insides churn.

The following is a section of the transcript, on the second and final day of the Supreme Court Hearing [2nd August 2006:]

*Mr Morris: May it please the court; we have a difficulty, after I arrived here a little after 10'clock I was given some written instructions which are instructions which none of the*

*Appellant's legal representatives are prepared to accept. What I have indicated to my client however is that with your Honour's permission I would articulate what those written instructions are but I'm unable to do so as my own submissions. Would your Honours permit?*

*Simply to articulate those instructions and make such of it as your Honours think appropriate?*

*Williams JA: Yes, we will permit you to do that, Mr Morris...*

*Mr Morris: I'm instructed to say that an error of law which I'm instructed to identify is the allowing of hearsay evidence, before the court and reliance upon it in findings made but the previous judge to such an extent that it constituted an error of law.*

*May I say in that regard that it is perfectly clear that evidence wasted which was technically hearsay in the sense that various doctors, for example, Dr Cooksley gave evidence of what they heard and expressed opinions regarding the appellant's fitness based on what they had heard applying the rules of evidence, of course, such evidence is admissible as long as the factual foundation was established.*

*Putney J: That contention really seems to ignore section 239 (1) B of the Act?*

*Mr Morris: Indeed your Honours, yes. The next matter which I'm instructed to say. This I have no difficulty with because it was part of my principal submission that His Honour failed to apply the appropriate standard of proof in all of his findings. I am also instructed to say that the procedural unfairness extended and included unfairness by the medical board even procedural misconduct and fraud.*

*Williams JA: In what way Mr Morris?*

*Mr Morris: I have no idea, your Honours*

*Keane JA: And for what motive?*

*Mr Morris: Your Honours I cannot identify from the Court any motive that emerges from the material.*

*Finally, I'm instructed to make the submission that in*

*assessing the evidence of the witnesses his honour failed to take into account what is said to be demonstrated malice of witnesses including Dr Cooksley, Dr Small, Dr Ashley, and the Board itself.*

*Again that is not my submission.*

*Mr Tait: This is just one more demonstration of the unlikelihood of completing internship in 12 months. This lack of insight. When you submit those sorts of things, in the absence of any particulars or any evidence, it's just amazing.*

The Medical Board Malice and Fraud issues will be revealed in another chapter.

\* \* \*

As I walked out of the court room the second and final day of the Supreme Court hearing I watched numerous Aborigines lingering in the court grounds. For the first time I heard their voices and could see how and why the system had failed them.

The Supreme Court Decision was made on the 1st August 2006.  
It was as follows:

- 1. Application for leave to appeal refused**
- 2. Application for leave to cross-appeal refused**
- 3. Ms Tsigounis to pay the costs of the Medical Board of Queensland,  
to be assessed on the standard basis.**



## **C. A MONSTROUS WEB OF DECEIT**



## CH. 7. MEDICAL BOARD MALICE AND FRAUD

*"Mistakes may be made by the most conscientious professional person and that in Determining whether there has been misconduct in a professional respect it is Necessary to find something more than mere negligence by the civil standard".....*

*Justice Kirby Pillai v Messiter (1989) 16 NSWLR at 197*

The Functions of the Medical Board include [S 11 "the Act"] *monitoring and enforcement of compliance of "the Act"*

And in addition:

- To assess applications for registration as a medical practitioner
- To register persons who satisfy the requirements for registration
- To monitor and assess whether registered medical practitioners comply with any conditions of registration

*The Board must act independently, impartially and in a way that is consistent and with a proper consideration of the issues at hand.*

\* \* \*

This chapter should be read in conjunction with the Chronology of Events Annexure of chapter one.

When I made the application to the Medical Board of Queensland in April and May of 2003 claiming that I had successfully completed internship requirements as set by the Board, I had, in support of my application all of the hospital references and documents revealed in chapter one.

The Hospital, during this period, was clearly of the opinion that I had met the Board's requirements successfully.

This is revealed, not only by the documents that they completed but also by the fact that they had promoted me from Intern to RMO and had offered me re-employment with this new status for another year.

The Medical Board acted contrary to the hospital and refused my registration.

The Board then began an investigation, that spanned 10 months searching for reasons to justify their refusal to register me.

The "investigation" began with Board delegate, Dr Karen Yuen who visited the Townsville Hospital on the 15 and 16 May 2003, 2 weeks after I had made my applications to the Board, and two days after I had resigned from the hospital.

She completed a highly inaccurate and malicious document that was included in the Board's June 11th Show Cause Notice.

Lawyers acting for the Medical Board visited the Townsville Hospital searching for material to use against me.

They did this mainly before the presentation of each of their Show Cause Notices.

Nurse Webber and Nurse Lawty were witnesses called by the Medical Board of Queensland to give evidence against me at the District Court Hearing.

They both, together with many other witnesses relied upon by the Board, gave statements of complaints, for the first time, 10 months after I had resigned from the hospital.

I asked the following questions during the District Court Hearing;

*Appellant: Did you just decide to make a complaint and a statement out of the blue?*

*Nurse Webber: Well, we were given an envelope from some solicitors to say there was court proceedings about you, dealing with you, and that we need to go to court and then that's when I met up with the solicitors that are here.*

*Appellant: And did they give this envelope stating there were court proceedings to all of the nurses?*

*Nurse Webber: There was me, Rachel, Megan .....because we were doing most of the shift coordinating"(TX 656)*

Nurse Lawty replies;

*Nurse Lawty: I was contacted as an overall group by the solicitors-Andrew Forbes, I believe...around the time end of 2003 early 2004"*

*Appellant: And it was Andrew Forbes definitely?*

*Nurse Lawty: Yes (TX 416,417)*

In response to similar questioning, Dr Lucas replies; *"I was approached and asked to make a formalised statement."* [TX 485.8]

When I asked him who had approached him, he replies, *"I don't specifically know the name, but solicitors were involved, in this proceeding I would expect"* [TX 489.20]

I then said to him; *"Do you think it's odd that you were approached to make a statement?"*

His Honour intervened and said *"I do not think it's something he can answer"* [TX 489.45]

The Board, being aware of the legislation of "the Act", knew at all times that I had achieved my desired outcome.

Despite this, they refused to process my application correctly and give me the registration that they were compelled to give me under the law.

They, instead, continued on with a legally incorrect process that created more and more damage to my life.

#### THE BOARD'S CASE

#### THE JUNE 11<sup>th</sup> 2003 SHOW CAUSE NOTICE

The June 11th Show Cause Notice relies heavily on Dr Yuen's report.

In this Notice the Board refers to Dr Yuen's report in the following way; (page 1 par 4)

"Dr Karen Yuen, the Board's Medical advisor, in interviewing your colleagues at the Townsville Hospital on 15 and 16 May 2003 found that despite support and assistance in the workplace and regular review, your progress has been limited and you had not reached the standard that would be expected of a practitioner who had successfully completed a period of internship.

The concerns raised by Dr Yuen were similar to the concerns raised by the Peninsula Health Care Network in their correspondence dated 9 November 1998 to the Medical Practitioners Board of Victoria".

In her report, Dr Yuen reports negatively on my clinical behaviour as a doctor and in particular on the following attributes: organisational skills, communication, and problem solving skills, credibility and responsibility, without reference to the source of the information.

Dr Yuen's conclusions are at odds with the material that was before her, namely the formal hospital documents that are revealed in chapter one. These documents had, by this time been forwarded to the Board by the hospital and by myself with my applications.

The following submission was made by my lawyers, in relation to this issue:

*"It appears extraordinary to us that none of the persons who filled out intern assessments forms expressing positive conclusions in respect of our client were interviewed or considered by Dr Yuen (page 6 pars 1)."*

Dr Yuen then reports the following.

She neither identifies the patient involved nor does she include the entire clinical picture of the patients.

This made it almost impossible to respond to.

"Dr Tsigounis saw a patient with meningitis in the Emergency Medicine. A lumbar puncture was performed; the patient was given a stat dose of antibiotic and sent home.

Dr Tsigounis did not discuss the case with the registrar. The patient was later recalled when the Lumbar Puncture results indicated a bacterial meningitis".

"A patient required a vaginal swab. A rectal swab was performed, then a vaginal swab using the same swab. The patient asked "Are you a doctor?"

"Dr Tsigounis after a failed attempt to insert an IV line left the patient and did not return".

"Dr Tsigounis discontinued her Emergency Department term after 2 weeks and Dr Hodges arranged another term for Dr Tsigounis.

Following this, Dr Tsigounis showed no apparent insight into the implications on the workload of the other Emergency Department medical staff".

Dr Yuen makes the above findings, despite having access to, and despite referring to having seen, the correct information in relation to these events which contradict her statements.

My lawyers responded in the following way;

"We submit with respect to Dr Yuen's report that, as our client was given no opportunity to reply to the allegations contained within

it, and as those allegations are vague and not properly particularised, the report should not have been relied upon by the Board in the absence of significant qualifications" (page 6 par 4, 13 August 2003)

And

*"The Board failed to exercise its power under section 93 of "the Act" (the Medical Practitioner's Registration Act or the law governing the Medical Board) so as to test the allegations contained in this notice (that is, to see if they were true)".*

Attached to the Board's June 11th Show Cause Notice was also a memorandum by the assistant registrar of the Medical Board, Robyn Scholl giving further reasons as to the Board's refusal of my application.

Robyn Scholl misrepresents the hospital references that were before her when she states;

*"The assessments provided in respect of Dr Tsigounis would not appear to meet the assessment standard" (page 3 par 5)*

Robyn Scholl then refers to a response given by the PMEFQ [*Post Medical Education Foundation, Queensland*] to further support the Board's decision. She states; "the PMEFQ (advised that whilst the terms (that Dr Tsigounis completed as an Intern) might fit within the intern standard, it did not meet the standard and did not meet the spirit or educational expectation" (page 3 par 2).

Robyn Scholl does not refer to the inaccurate information that she had given the PMEFQ which led to the above response.

The following is the email sent to the PMEFQ by Robyn Scholl (email dated 21<sup>st</sup> May 2003 (Exhibit 51).)

*"The intern graduated in 1999 and completed the following; 5 weeks in Emergency Medicine-assessment included a statement to defer the decision on whether the intern has performed satisfactory until a second term in Emergency Medicine is completed.*

*Subsequent term in general medicine of 10 weeks did not demonstrate satisfactory performance of the tasks usually expected of an intern.*

Intern then proceeded on extended leave.

The Intern recommenced in a position in June 2001, was not re employed in 2002 and probably did not satisfactorily complete any terms. I am unaware of there being any other intern employment”.

The correct information, that was before Robyn Scholl when she wrote this email reveals that I had worked 17 weeks as a doctor in the Emergency Department at the Townsville Hospital and 10 months as an Intern, including 20 weeks of Emergency work, at the Frankston Hospital in Victoria in 1998. (Exhibit 34). Robyn Scholl refers to the report by Dr Yuen as follows,

“The report regarding this visit raises concerns regarding Dr Tsigounis’ progress through the internship, some similar to those identified by the Peninsula Care Network in Victoria” (page 3 par 5).

It is clear that the references from the Townsville Hospital revealed in chapter one all assess my *“insight and judgement”* favourably, “a lack of” being the reason why I was suspended from the Frankston Hospital in Victoria.

The Board in their June 11th Show Cause Notice also refer to an adverse Internship report completed by Dr Balanathan.

The following response was given by my lawyers in relation to the *“Balanathan Report*.

*“Whilst working for Dr Balanathan, our client also worked for Dr Hafsa Yusuff (ENT surgical registrar). Her Intern assessment report rated her performance as excellent.*

*Moreover our client had previously worked in the same area at the Townsville Hospital and in that time had received favourable assessments.*

*We note further that the Balanathan report is dated 28 May 2003, several weeks after our client resigned from the Hospital and approximately two months after she had worked in that unit.*

*Furthermore, our client instructs that on 21 May 2003 she spoke with Professor Keary who stated that Dr Balanathan had recommended registration.*



*We also draw attention to the dramatic distinction between Dr Balanathan's assessment of our client and those of her other supervisors as contained in their intern assessment reports. We submit that the extent of these differences provides a sound basis for the Board to discount the view of Dr Balanathan.*

*We also note that Dr Balanathan was invited to comment during Dr Yuen's visit. And that her intern assessment report post-dates Dr Yuen's visit by almost 2 weeks. We submit that it is highly inappropriate for the Board to rely on a report that was written after a personal investigation by a delegate of the Board and long after our client had worked with Dr Balanathan.*

*We note further that, the only intern assessment that the Board relied upon in this notice was the Balanathan report. We direct the Boards attention to the other 9 favourable intern assessment forms.*

*The ratings given to our client in those reports vary in each area of skill from satisfactory through to very good and outstanding/excellent, while the comments made are overwhelmingly positive. The authors being those persons, who worked most closely with our client at the relevant times, refer variously to her hard work, competence, enthusiasm and maturity, all qualities that were questioned in Dr Yuen's report.*

*We submit that this was highly relevant material that the Board failed adequately to take into account in assessing our client.*

*We reiterate our concern at the timing of Dr Yuen's report.*

*Concerns of bias are said to have arisen.*

*Such concerns are exacerbated having regard to the fact that the board elected to exercise its power under section 93 of the act to have this investigation carried out but did not also rely on the other limbs of section 93 to test the allegations in the report.*

*In the light of the above, we submit that the Board's proposal to cancel our clients registration on the ground of less than satisfactory clinical behaviour be reconsidered".*

The factually incorrect information presented in the Board's June 11<sup>th</sup> Show Cause Notice was malicious in intent and was consistent in its purpose of creating damage to my career.

At a later date I had instructed my solicitors to take civil and criminal action against Dr Yuen, Robyn Scholl and The Medical Board of Queensland. They refused.

### **COMPLAINTS RELIED UPON BY THE BOARD**

#### **(1) The “Meningitis Patient”(main and most serious of the complaints)**

The following statements of complaints were incorporated in the Board’s second and/or third Show Cause Notices and were included in the Affidavits of the witnesses that gave evidence before the court.

#### **Dr David Cooksley. Statement dated 22/10/2003.**

*“Dr Tsigounis attended a patient with acute bacterial meningitis. She correctly diagnosed this condition and performed a lumbar puncture.*

*One dose of intravenous antibiotic was administered but Dr Tsigounis then discharged the patient from the emergency department without discussing the case with the emergency registrar. The patient was subsequently recalled to the emergency department and fortunately suffered no harm from this incident”.*

#### **Dr Julia Ashley: Undated Statement**

*“Young Jarrad UR 349872 was worked up appropriately; he had a normal white count and headache.*

*Helen arrived at the diagnosis of probable meningitis, viral? She gave 1gm of Rocephin and discharged the patient home.*

*She did this without discussing the patient with the senior registrar on nights with her”.*

### **The Evidence**

It was not until the first day of the District Court Hearing that this patient’s clinical files were made available to me in response to a subpoena that was sent to the hospital. The patient’s notes were then included in the evidence before the court hearing as exhibit 40.

It is clear from the clinical notes that the patient did not suffer from acute bacterial meningitis and that tests performed for meningitis were all negative.

## The red back web

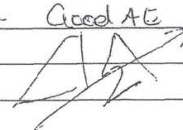
This patient, patient (JY), was a 25 year old male who presented to the Emergency Department at the Townsville Hospital on the 27<sup>th</sup> January 2003 with a headache.

I treated this patient between 4.30 and 8.30 am.

The following clinical notes reveal my assessment and treatment of this patient.

| Continuation Sheet |                                                                |
|--------------------|----------------------------------------------------------------|
| DATE AND TIME      | HISTORY, EXAMINATION AND TREATMENT                             |
|                    | <b>EMERGENCY DEPARTMENT</b>                                    |
|                    | Date <u>27-1-03</u> Reg Time: <u>04:35</u>                     |
|                    | Triage Time: <u>04:35</u> Doctor Time                          |
|                    | Doctor Name:                                                   |
|                    | Allergies: <u>Aspirin → vomiting</u>                           |
| T° 36.9            | Pt presents with <u>3/4 Hx of occipital headache radiating</u> |
| HR 79              | <u>through head. Pain unrelieved by paracetamol + morphine</u> |
| Br <u>120/80</u>   | <u>Denies photophobia. Not vomiting. Vomiting this am x2.</u>  |
|                    | <u>ACS 15. PERLA. Similar episode in past.</u>                 |
|                    | <u>Paracetamol last taken last pm. Paracetamol x2 (RNYG)</u>   |
|                    | <u>given at triage.</u>                                        |
| Dr. H. Tsigounis   | <u>26 yr old @ presents</u>                                    |
|                    | <u>headache / fever / vomiting</u>                             |
|                    | <u>Hx - 3/4 Hx - acute onset headache</u>                      |
|                    | <u>- awoke with it in am</u>                                   |
|                    | <u>- 8/10, throbbing</u>                                       |
|                    | <u>- Not totally relieved</u>                                  |
|                    | <u>by paracetamol + morphine</u>                               |
|                    | <u>- 2/4 Hx - cont. headache 5/10</u>                          |
|                    | <u>- 1/2 Hx - worsening headache,</u>                          |
|                    | <u>occipital &amp; nausea + vom +</u>                          |
|                    | <u>photophobia</u>                                             |
|                    | <u>- 1/2 Hx - lethargy / tiredness</u>                         |

| DATE AND TIME | HISTORY, EXAMINATION AND TREATMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | <p><u>S/R</u>: → ° cough / wheeze<br/>         ° rashes / sweats<br/>         ° sore throat ° dysphagia<br/>         ° Diarrhoea ° Abdominal pain<br/>         ° sore neck<br/>         ° dizziness<br/>         ° diplopia / blurred vision<br/>         ° other neurological signs<br/>         ° rash<br/>         ° chest pain / SOB</p> <p><del>RHx</del></p> <p><u>HPC</u> - A+E presentation with<br/>         fever + headache (Yr 2000)<br/>         ? Viral illness &amp; headache<br/>         required morphine for relief</p> <p><u>PMHx</u> - Trauma to top of head - Yr 2000<br/>         No HSE.</p> <p>- DR. RA. Knee</p> <p>- Asthma (No ICU @, No Hosp @)</p> <p><u>Social</u> - Minor<br/>         Smoker<br/>         Occ. EtOH</p> <p><u>Medn</u> - Nil (Ventolin PRN)<br/>         Allergic to Aspirin</p> |

| .....Hospital      |                                                                                                                                                   | I 349872 |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| CONTINUATION SHEET |                                                                                                                                                   | 4817     |
|                    |                                                                                                                                                   | WCQ      |
| DATE AND TIME      | HISTORY, EXAMINATION AND TREATMENT                                                                                                                |          |
|                    | O/E Prowsy ACS 15/15<br>Oriented T.P.P.                                                                                                           |          |
|                    | RR-18 B.P- 130/70 p-70reg, T-36.9.<br>Sp O2-96% RA.                                                                                               |          |
|                    | Neuro- PEARL<br>++ photophobia<br>No rash<br>Cervical tenderness on flexion<br>at head x 2/10<br>- cranial nerves O.K.<br>- @ T1/L1/L2 plant w/d. |          |
|                    | Neck- mild tenderness C5, C6 midline                                                                                                              |          |
|                    | E - NAD                                                                                                                                           |          |
|                    | N - NAD                                                                                                                                           |          |
|                    | T - NAD - No lymphoma, No pins<br>No ↑ tenderness                                                                                                 |          |
|                    | CNS- S1-S2<br>Resp- Good AE<br> chest clear                    |          |
|                    | Audio- lax<br>non-tender or have ↑ S.1/2<br>B.S.                                                                                                  |          |

ACCIDENT & EMERGENCY / OUTPATIENT CONTINUATION SHEET



| DATE AND TIME | HISTORY, EXAMINATION AND TREATMENT                                                                    |
|---------------|-------------------------------------------------------------------------------------------------------|
|               | (P) → IVC → Bloods - FBE / U+E / PT.<br>- hFT.                                                        |
|               | → Analgesia - Pan F II o given<br>0530<br>- Naxalon, 10mg IV. 0530<br>- Morphine 5mg IV<br>given 0540 |
|               | → Cefmaxone lg iv stat.                                                                               |
| Ix →          | U+E - Nad wcc - 10.6<br>hFT - LAD PIt - 284<br>Hb - 151                                               |
| 0700          | Headache resolved<br>haemod. stable<br>fine P.F. 10/1                                                 |

[illegible]

## EMERGENCY DEPARTMENT PATIENT WORKSHEET

|              |       |
|--------------|-------|
| ARRIVAL DATE | TIME  |
| 27 Jan 03    | 04:35 |

|             |      |                    |
|-------------|------|--------------------|
| TRIAGE CAT. | AREA | COMPLAINT:         |
| 4           | 10   | OCCIPITAL HEADACHE |

**CONTACT:**  
**MEDICATION**

ALLERGIES (IN RED)

Aspirin  $\rightarrow$  vomiting

## HISTORY

WEIGHT

|            |
|------------|
| URINALYSIS |
|------------|

## MEDICATION ORDERS

| DATE    | TIME | DRUG / INTRAVENOUS FLUID | DOSE | ROUTE   | DOCTOR | GIVEN BY | TIME GIVEN |
|---------|------|--------------------------|------|---------|--------|----------|------------|
| 27-1-03 |      | Paralidine               | ½    | PO      | N.I    | AB       | 0840       |
|         |      | marolon                  | 10mg | IV      |        | AB       | 0500       |
|         |      | MSaline                  | 14   | IV      |        | AB       | 0500       |
| 27/1/03 |      | Morphine                 | 5    | IV      | HL     | AB       | 0522       |
| 27/1/03 |      | lef/mavone               | 1g   | IV      | HL     | AB       | 0530       |
| 27/1/03 |      | N/S                      | 1L   | IV stat | HL     | AB       | 0630       |

## OBSERVATIONS

REMARKS: CONDITION  
INVESTIGATION PROCEDURES  
MEDICAL REVIEW

SIGNATURE

| TIME | HR  | ECG | BP       | T    | R  | O <sub>2</sub> SAT | O <sub>2</sub> | BSL | INVESTIGATION PROCEDURES<br>MEDICAL REVIEW | STATUS         |
|------|-----|-----|----------|------|----|--------------------|----------------|-----|--------------------------------------------|----------------|
| 0440 | 79  | reg | 128/80   | 36°  |    |                    |                |     | blurred vision                             | ALB            |
| 0500 | 81  | reg | 137/89   | /    | 18 | 96                 | RA             | 7.2 | 1/2 headache 1/10                          | <del>ALB</del> |
| 0520 | S/R | DR  | 'HFLand' |      |    |                    |                |     | rve. blood. * photophobia.                 | FS.            |
| 0530 | 74  | reg | 111/62   |      | 18 | 95                 | RA             |     | n/v by Dr 'Helm'                           | STOP.          |
| 0600 | 65  | reg | 113/51   |      |    | 96                 | RA             |     | Sleeping / variable                        | ✓              |
| 0630 | 66  | reg | 113/55   |      |    | 95                 | RA             |     | sleeping / variable                        | ✓              |
| 0715 | 59  | reg | 102/52   | 36.7 | 16 | 97                 | RA             |     | headache 2/10                              | ✓              |
| 0745 | 56  | reg | 103/53   | >    | 16 | 96                 | RA             |     | sleeping                                   | ✓              |



## The red back web

The patient went home at around 9.00 am and his headache reappeared that afternoon.

He came back to the Emergency Department and was seen and treated by Dr Jessica Lucas\*

Dr Lucas performs the following tests on this patient. (Exhibit 40).

**QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES**

|                                                                                                                         |                  |                                                         |                 |              |
|-------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|-----------------|--------------|
| QHPS - The Townsville Hospital<br>100 Angus Smith Drive<br>Townsville, QLD 4814<br>Tel: 07-47862400<br>Fax: 07-47862468 | Patient Location | Medical 2 (TNH)                                         | UR No           | IS 9         |
|                                                                                                                         | Consultant       | Hamilton, Ian (TNH)                                     | Name            |              |
|                                                                                                                         | Req. Officer     | Dr M Vollmerhause                                       | Given Name      | Sex M        |
|                                                                                                                         |                  | T'ville Hosp<br>100 Angus Smith Dve<br>Douglas Qld 4814 | DOB             | Age 25 years |
|                                                                                                                         |                  |                                                         | Patient Address | 4817         |

**Lab No : 12150-8202      Micro No : TN03M3433      Collected : 11:30 30-Jan-03**  
**Faeces Microbiology      Registered: 12:54 30-Jan-03**  
**SPECIMEN : Faeces      Ward of Collection : TMD2-TNH**  
**MICROSCOPY : Leucocytes Nil**  
**Erythrocytes Nil**  
**C.difficile CYTOTOXIN B: Not Detected**  
**CULTURE: No Salmonella, Shigella, Yersinia, Campylobacter isolated**

**QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES**

|                                                                                                                         |                  |                                             |                 |              |
|-------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------|-----------------|--------------|
| QHPS - The Townsville Hospital<br>100 Angus Smith Drive<br>Townsville, QLD 4814<br>Tel: 07-47862400<br>Fax: 07-47862468 | Patient Location | Medical 2 (TNH)                             | UR No           |              |
|                                                                                                                         | Consultant       | Small, Niall (TNH)                          | Name            |              |
|                                                                                                                         | Req. Officer     | Dr Jessica Lucas                            | Given Name      | Sex M        |
|                                                                                                                         |                  | The Townsville Hospital<br>Douglas QLD 4814 | DOB             | Age 25 years |
|                                                                                                                         |                  |                                             | Patient Address | 4817         |

|                 |          |           |           |           |
|-----------------|----------|-----------|-----------|-----------|
| Time Collected  | 12:00    | 12:57     | 05:00     | 07:20     |
| Date Collected  | 12 Nov   | 27 Jan    | 27 Jan    | 28 Jan    |
| Time Registered | 12:49    | 16:51     | 05:17     | 08:07     |
| Date Registered | 12 Nov   | 27 Jan    | 27 Jan    | 28 Jan    |
| Year            | 2000     | 2003      | 2003      | 2003      |
| Lab No          | 50191891 | 121477294 | 127691416 | 121474612 |

|                  | Units              | Ref Range     |
|------------------|--------------------|---------------|
| Haemoglobin      | g/L                | (135 - 180)   |
| White Cell Count | $\times 10^9/L$    | (4.0 - 11.0)  |
| Platelets        | $\times 10^9/L$    | (140 - 400)   |
| Haematocrit      |                    | (0.39 - 0.52) |
| Red Cell Count   | $\times 10^{12}/L$ | (4.50 - 6.00) |
| MCV              | fL                 | (80 - 100)    |
| Neutrophils      | $\times 10^9/L$    | (2.00 - 8.00) |
| Lymphocytes      | $\times 10^9/L$    | (1.00 - 4.00) |
| Monocytes        | $\times 10^9/L$    | (0.10 - 1.00) |
| Eosinophils      | $\times 10^9/L$    | (< 0.60)      |
| Basophils        | $\times 10^9/L$    | (< 0.20)      |
| ESR              | mm/hr              | (< 10)        |

Dr Helen Tsigounis

## QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHPSS - The Townsville Hospital  
100 Argus Street, Townsville  
Queensland, QLD 4814  
Ph 07-47962400  
Fax 07-47962408

|                  |                         |                 |              |
|------------------|-------------------------|-----------------|--------------|
| Patient Location | Medical 2 (TNH)         | UR No           |              |
| Consultant       | Small, Niall (TNH)      | Name            |              |
| Req. Officer     | Dr Jessica Lucas        | Given Name      | Sex M        |
|                  | The Townsville Hospital | DOB             | Age 25 years |
|                  | Douglas QLD 4814        | Patient Address | 4817         |

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|--------------------|-----------|-----------|-------|-----------|
| Time Collected     | ??:??     | 07:20     |       |           |
| Date Collected     | 27 Jan    | 28 Jan    |       |           |
| Time Registered    | 16:51     | 06:57     |       |           |
| Date Registered    | 27 Jan    | 28 Jan    |       |           |
| Year               | 2003      | 2003      |       |           |
| Lab No             | 121477294 | 121474612 | Units | Ref Range |
| Specimen type      | Blood     | Blood     |       |           |
| C-Reactive Protein | < 5.0     | < 5.0     | mg/L  | (< 5.0)   |

## QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

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Queensland, QLD 4814  
Ph 07-47962400  
Fax 07-47962408

|                  |                         |                 |              |
|------------------|-------------------------|-----------------|--------------|
| Patient Location | Medical 2 (TNH)         | UR No           |              |
| Consultant       | Small, Niall (TNH)      | Name            |              |
| Req. Officer     | Dr Jessica Lucas        | Given Name      | Sex M        |
|                  | The Townsville Hospital | DOB             | Age 25 years |
|                  | Douglas QLD 4814        | Patient Address | 4817         |

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|----------------------|----------|-----------|-----------|-----------|--------|---------------|
| Time Collected       | 12:00    | ??:??     | 05:00     | 07:20     |        |               |
| Date Collected       | 12 Nov   | 27 Jan    | 27 Jan    | 28 Jan    |        |               |
| Time Registered      | 12:49    | 16:51     | 05:17     | 06:57     |        |               |
| Date Registered      | 12 Nov   | 27 Jan    | 27 Jan    | 28 Jan    |        |               |
| Year                 | 2000     | 2003      | 2003      | 2003      |        |               |
| Lab No               | 50191691 | 121477294 | 127691416 | 121474612 | Units  | Ref Range     |
| Sodium               | 139      | 135       | 135       | 142       | mmol/L | (135 - 145)   |
| Potassium            | Haem     | 4.0       | 4.1       | 4.8       | mmol/L | (3.2 - 4.5)   |
| Chloride             | 102      | 102       | 103       | 110       | mmol/L | (100 - 110)   |
| Bicarbonate          | 25       | 24        | 27        | 30        | mmol/L | (22 - 33)     |
| Anion Gap            | 12       | 9         | 5         | 2         | mmol/L | (4 - 13)      |
| Urea                 | 6.0      | 4.5       | 7.2       | 3.6       | mmol/L | (3.0 - 8.0)   |
| Creatinine           | Haem     | 0.08      | 0.09      | 0.09      | mmol/L | (0.07 - 0.12) |
| Urea/Creat           |          | 56        | 80        | 40        |        | (40 - 100)    |
| Protein (Total)      | Haem     | 65        | 71        | 60        | g/L    | (62 - 83)     |
| Albumin              | Haem     | 40        | 44        | 37        | g/L    | (33 - 47)     |
| Globulin             |          | 25        | 27        | 23        | g/L    | (25 - 45)     |
| Bilirubin (Total)    | Haem     | 10        | 7         | 11        | umol/L | (< 20)        |
| Alkaline Phosphatase | Haem     | 57        | 65        | 50        | U/L    | (40 - 110)    |

**QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES**

**QHPSS - The Townsville Hospital**  
 100 Angus Smith Drive  
 Townsville, QLD 4814  
 ph 07-47862400  
 fax 07-47862468

|                  |                                                                 |                 |              |
|------------------|-----------------------------------------------------------------|-----------------|--------------|
| Patient Location | Medical 2 (TNH)                                                 | UR No           |              |
| Consultant       | Small, Niall (TNH)                                              | Name            |              |
| Req. Officer     | Dr Jessica Lucas<br>The Townsville Hospital<br>Douglas QLD 4814 | Given Name      | Sex M        |
|                  |                                                                 | DOB             | Age 25 years |
|                  |                                                                 | Patient Address | 4817         |
|                  |                                                                 | External Id     |              |

Time Collected 11:17  
 Date Collected 27 Jan  
 Time Registered 18:05  
 Date Registered 27 Jan  
 Year 2003  
 Lab No 121477161

Specimen type CSF

Glucose 2.9 mmol/L (2.8 - 4.0)  
 Protein 730 mg/L (150 - 500)

Units Ref Range

**C S F C H E M I S T R Y**

**QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES**

**QHPSS - The Townsville Hospital**  
 100 Angus Smith Drive  
 Townsville, QLD 4814  
 ph 07-47862400  
 fax 07-47862468

|                  |                                                                 |                 |              |
|------------------|-----------------------------------------------------------------|-----------------|--------------|
| Patient Location | Medical 2 (TNH)                                                 | UR No           |              |
| Consultant       | Small, Niall (TNH)                                              | Name            |              |
| Req. Officer     | Dr Jessica Lucas<br>The Townsville Hospital<br>Douglas QLD 4814 | Given Name      | Sex M        |
|                  |                                                                 | DOB             | Age 25 years |
|                  |                                                                 | Patient Address | 4817         |
|                  |                                                                 | External Id     |              |

Time Collected 11:17  
 Date Collected 27 Jan  
 Time Registered 18:05  
 Date Registered 27 Jan  
 Year 2003  
 Lab No 121477161

Specimen type CSF

Primary Specimen site  
 Specimen site

**HERPES SIMPLEX**  
 HSV 1 DNA (NAA) Not Detected  
 HSV 2 DNA (NAA) Not Detected

Units

**QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES**

QHPSS - The Townsville Hospital  
100 Angus Smith Drive  
Townsville, QLD 4814  
ph 07-47862400  
fax 07-47862468

|                  |                         |                 |              |
|------------------|-------------------------|-----------------|--------------|
| Patient Location | Medical 2 (TNH)         | UR No           |              |
| Consultant       | Small, Niall (TNH)      | Name            |              |
| Req. Officer     | Dr Jessica Lucas        | Given Name      | Sex M        |
|                  | The Townsville Hospital | DOB             | Age 25 years |
|                  | Douglas QLD 4814        | Patient Address |              |
|                  |                         | External Id     | 4817         |

Lab No : 12147-7161

Micro No : TN03M3072

Collected : ??:?? 27-Jan-03

Cerebrospinal Fluid Microbiology

Registered: 18:05 27-Jan-03

Ward of Collection : TED-TNH

SPECIMEN : CSF

VOLUME : 1.0 mL No. of Tubes: 3

CHEMISTRY : Protein 730 mg/L (150 - 500)

APPEARANCE : Clear

Glucose 2.9 mmol/L (2.8 - 4.0)

SUPERNATANT : Colourless

CELL COUNT : WBC's 860  $\times 10^6/L$

(Tube No: 3) RBC's 170  $\times 10^6/L$

DIFFERENTIAL: Polymorphs 8 %

Mononuclears 92 %

Eosinophils 0 %

Others 0 %

GRAM STAIN : No organisms seen

CULTURE No growth after 5 days incubation

**QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES**

QHPSS - The Townsville Hospital  
100 Angus Smith Drive  
Townsville, QLD 4814  
ph 07-47862400  
fax 07-47862468

|                  |                         |                 |              |
|------------------|-------------------------|-----------------|--------------|
| Patient Location | Medical 2 (TNH)         | UR No           |              |
| Consultant       | Small, Niall (TNH)      | Name            |              |
| Req. Officer     | Dr Jessica Lucas        | Given Name      | Sex M        |
|                  | The Townsville Hospital | DOB             | Age 25 years |
|                  | Douglas QLD 4814        | Patient Address |              |
|                  |                         | External Id     | 4817         |

Lab No : 12147-7294

Micro No : TN03M3066

Collected : ??:?? 27-Jan-03

Blood Culture Microbiology

Registered: 16:51 27-Jan-03

Ward of Isolation : TED-TNH

COLLECTION DETAILS :

Bottles : Aerobic / Anaerobic / Aerobic /

CULTURE: No growth after 5 days incubation

**QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES**

QHPSS: The Townsville Hospital  
100 August Street Drive  
Townsville, QLD 4814  
ph 07-47392400  
fax 07-47392488

|                  |                         |                 |              |
|------------------|-------------------------|-----------------|--------------|
| Patient Location | Medical 2 (TNH)         | UR No           |              |
| Consultant       | Small, Niall (TNH)      | Name            |              |
| Req. Officer     | Dr Jessica Lucas        | Given Name      | Sex M        |
|                  | The Townsville Hospital | DOB             | Age 25 years |
|                  | Douglas QLD 4814        | Patient Address |              |
|                  |                         | External Id     | 4817         |

Time Collected 11:??  
Date Collected 27 Jan  
Time Registered 18:05  
Date Registered 27 Jan  
Year 2003  
Lab No 121477161

**BACTERIAL NUCLEIC ACID**

Specimen type CSF  
N. meningitidis DNA (NAA) Not Detected

**QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES**

QHPSS: The Townsville Hospital  
100 August Street Drive  
Townsville, QLD 4814  
ph 07-47392400  
fax 07-47392488

|                  |                         |                  |              |
|------------------|-------------------------|------------------|--------------|
| Patient Location | Medical 2 (TNH)         | UR No            |              |
| Consultant       | Small, Niall (TNH)      | Name             |              |
| Req. Officer     | Dr Jessica Lucas        | Given Name       | Sex M        |
|                  | The Townsville Hospital | DOB              | Age 25 years |
|                  | Douglas QLD 4814        | Patient Address: |              |
|                  |                         | External Id      | 4817         |

Time Collected 11:??  
Date Collected 27 Jan  
Time Registered 18:05  
Date Registered 27 Jan  
Year 2003  
Lab No 121477161

**ENTERIC/ENVIRONMENTAL**

Specimen type CSF  
Primary Specimen site  
Specimen site

Enterovirus RNA (NAA) Not Detected

| QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES                                                                                                                      |                                             |                    |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------|-----------------------|
| <small>QIPSS-The Townsville Hospital<br/>           100 Park Ave<br/>           Townsville, QLD 4814<br/>           PH 07-47802400<br/>           FX 07-47802400</small> | Patient Location                            | Medical 2 (TNH)    | UR No                 |
|                                                                                                                                                                          | Consultant                                  | Small, Niall (TNH) | Name                  |
|                                                                                                                                                                          | Req. Officer                                | Dr Jessica Lucas   | Given Name            |
|                                                                                                                                                                          | The Townsville Hospital<br>Douglas QLD 4814 | DOB                | Sex M<br>Age 25 years |
|                                                                                                                                                                          |                                             |                    | Patient Address       |
|                                                                                                                                                                          |                                             |                    | 4817                  |
|                                                                                                                                                                          | Time Collected                              | ??:??              | 07:20                 |
|                                                                                                                                                                          | Date Collected                              | 27 Jan             | 28 Jan                |
|                                                                                                                                                                          | Time Registered                             | 18:51              | 08:07                 |
|                                                                                                                                                                          | Date Registered                             | 27 Jan             | 28 Jan                |
|                                                                                                                                                                          | Year                                        | 2003               | 2003                  |
|                                                                                                                                                                          | Lab No                                      | 121477294          | 121474612             |
|                                                                                                                                                                          | Specimen type                               | Blood              | Blood                 |
|                                                                                                                                                                          | C-Reactive Protein                          | < 5.0              | < 5.0                 |
|                                                                                                                                                                          |                                             | Units              | Ref Range             |
|                                                                                                                                                                          |                                             | mg/L               | (< 5.0)               |

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Articles from medical texts in relation to the diagnosis of meningitis were included in the evidence before the court. (Exhibit 58)  
Based on these articles a diagnosis of meningitis on this patient could not be made. In fact, exclude it.

The Medical Board, having the medical notes of this patient before them were aware that patient JY did not suffer from bacterial meningitis but despite this continued to maintain that this was so.  
In fact on the first day of the District Court Hearing (23/8/2004) the Medical Board told journalist, Malcom Weatherup from *The Townsville Bulletin* that I had sent a patient home from the Emergency Department with “*acute bacterial meningitis*”, a life threatening condition.  
This was printed on the front page of this newspaper the next day.

The oral evidence that was given by witnesses before the District Court Hearing in relation to this patient will be discussed in the next chapter.

## (2) The “Cervical/Rectal” incident

### Dr David Cooksley . Statement dated 22/10/2003.

“Dr Tsigounis attended a female patient who required a high vaginal swab. Dr Tsigounis took the patient to the paediatric room. This was an inappropriate location for undertaking that kind of procedure, as a dedicated gynaecology room is available. Whilst attempting to take the vaginal swab, Dr

*Tsigounis inserted the swab into the woman's rectum before using the same swab for the high vaginal specimen. The patient asked Dr Tsigounis if she was actually a doctor. I was just finishing a day shift when this happened and was reported to me."*

In evidence Dr Cooksley states that he had not seen this patient but was told about the incident by a nurse he could not remember to name.

### **Dr Julia Ashley**

Undated statement incorporated in the Board's November 2003 Show Cause Notice, February 2004.

Show Cause Notice and Affidavit.

*"A lady was taken to the paediatric room for a pelvic exam and according to the nurse Helen swabbed the rectum before using the same swab for the cervix".*

In evidence Dr. Ashley contradicts herself as is revealed in the following section of the transcript. (District Court Hearing, day 2, 24-8-04)

*Appellant: We'll start about the pelvic swab allegation.*

*Dr Ashley: This is a second hand report I got from the nursing staff.*

*Appellant: Do you remember which nursing staff told you about this incident?*

*Dr Ashley: No, I don't.*

*Appellant: Dr Ashley what did you hear about the incident?*

*Dr Ashley: That it was done in one of the TD rooms, without adequate privacy, without adequate preparation of the patient where they caused considerable discomfort and you apparently put a finger in the rectum, did not change your glove and put the same finger in the vagina;*

*Appellant: Do you remember the nurse that told you about this incident?*

*Dr Ashley: ....I have no.... at this point I don't know. I don't have my e-mail in front of me.*

*Dr Ashley: No, it came to me second hand.*

*Appellant: Are you sure it wasn't a swab and it was a finger?*

*Dr Ashley: Yes.*

*Appellant: Do you realise in your previous statements you said it was a swab?*

- Mr Tait:* Your Honour, the board accepts that in her original complaint, Dr Ashley said, "swab".
- Appellant:* Did you ever at any point in time give the name of the patient or the nurse that made this complaint?
- Dr Ashley:* I did not.

### **Dr Mark Elcock**

Statement by Dr M Elcock. Undated, incorporated in the Board's November 2003 Show Cause Notice. February 2004 Show Cause and in his affidavit. *"PV (vaginal) examination without chaperone. Inserted speculum into anus accidentally and apparently then inserted pv once patient told her it was in the wrong place".*

In evidence Dr Elcock said he had not seen the patient in question and could not remember who it was that told him the above.

In my submission before the District Court I said that Dr Elcock's evidence in this instance is a *"further example of repeated, inaccurate gossip that gains the appearance of truth by repetition"* (A 3684)

### **Dr Niell Small**

Statement by Dr Niell Small dated February 2004 and incorporated in the Board's February 2004 Show Cause Notice and in his Affidavit.

*"A senior nurse reported an incident in which a speculum was inserted in the anus of a patient by Helen. This incident was witnessed by an emergency department enrolled nurse".*

In evidence he fails to identify the nurse that had passed on this information.

The following is a section of the court transcript where Dr Small describes the difference between a speculum and a swab. (TX 333)

- Appellant:* Can you explain the difference?
- Dr Small:* A speculum is a medical instrument used to perform a vaginal examination.  
*The speculum would have a blade about five inches long and 1.5 wide.*
- Appellant:* And what about a swab?



*Dr Small: Swab in medical terminology is usually a small stick or a metal wire with a collecting bit of wool in the end.*

*Appellant: So there's no way on earth a speculum can be confused with a swab?*

*Dr Small: Unlikely. In my opinion no.*

In my submission before the District Court I said the following in relation to Dr Small's evidence . "Dr Small has either initiated or perpetrated a mischievous and serious inaccuracy caused by accepting hearsay either oral or written. (A 3675)

### **Nurse Ruth Struthers**

Statement dated 14 February, 2004, incorporated in the Board's February 2004 Show Cause Notice and exhibited in her Affidavit.

*"I recall one day when I was on an afternoon shift, a female school teacher in her late 20s/early 30s came into the emergency department complaining of lower abdominal pain.*

*The patient said that she thought she had a urine infection but she was not 100% sure because she could not control it with painkillers.*

*I was covering for one of the registered nurses in the consult area. I think the triage nurse brought the patient through to the consult area and put her in a bed in the paediatrics area. Helen picked up the patient. When Helen took the chart for the patient she asked me where the patient was, I recall that I said something along the lines she is in the "paeds bay". Helen then left and went to the bed where the patient was located.*

*Because I was aware of the symptoms of the patient I thought that it was likely that Helen would do a pelvic vaginal (PV) examination. I therefore went to assist.*

*When I walked into the paediatric area, the curtains around the bed the patient was in had been drawn. I went to the curtain and asked Helen whether she needed any assistance.*

*Helen said, "Were doing something private and were right in here". I remained outside the curtains because I thought that she should have an escort but I did not want to barge in. After a short time I heard the patient say "You've got it in the wrong spot".*

*And then louder "you've got it in the wrong spot". At the same time I could hear the bed creaking.*

*When the procedure was finished. Helen drew back the curtains and left shortly after. After Helen had left, the patient asked me whether Helen was qualified and whether she knew what she was doing. I asked the patient "why did you say this?" She replied "cause she stuck it up my bum".*

When giving oral evidence Nurse Struthers says she could not identify who this patient was nor could she produce any documentation to support her claims. In fact, this "patient" was never identified nor were any clinical notes identified to support the claims made by the Board's witnesses.

Despite this, and despite the fact that the statement of complaints were "mere hearsay" and inconsistently reported gossip, the Medical Board told journalist Malcolm Weather up on the first day of the District Court Hearing that I had performed "*an examination in the tea room where a speculum was placed in a patient's anus*".

This was also reported on the front page of the Townsville Bulletin the next day.

The Board's insistence in maintaining that there was a "bacterial meningitis patient" and a "rectal/vaginal incident" is even more bizarre in the light of the following information which made it as evidence before the Court.

On the 19<sup>th</sup> August 2003 Robyn Scholl from the Medical Board sent the following letter to the Director of Clinical Training at the Townsville Hospital, Dr Peter Keary {Exhibit 2}

"As you would be aware, the Board is considering an application from Dr Tsigounis to remove internship conditions attached to her registration.

Dr Tsigounis has made a submission to the Board with respect to a number of concerns raised regarding her practice.

It would therefore be appreciated if you could provide further information to the Board on the following issues.

A lady was taken to the paediatric room for a pelvic exam and according to the nurse Helen swabbed the rectum before using the same swab for the cervix.

The patient was mortified.

Dr Tsigounis denies both these allegations and specifically that she has never performed a rectal and cervical swab on one patient. Can you advise

(a) whether either of these allegations were drawn to Dr Tsigounis' attention while she was employed at the Townsville Hospital and (b) with respect to the rectal and cervical swab patient, whether this is supported in the record of the patient?

After a hospital investigation, Dr Peter Keary responds back to the Board in a letter dated 29 August 2003, as follows; { Exhibit 2}

“With respect to Jarrad Young...the story there was that the patient had presented with a headache as was recorded and a likely diagnosis made by Dr Tsigounis. It says that the headache was eventually eased and he went home. Nowhere is it stated that the patient was sent home. It is quite possible that the patient departed on his own cognisance. Certainly the entry in the notes in relationship to the patients headache resolving and I assume the departure of the patient was not in Dr Tsigounis' handwriting.

In respect to the woman taken to the paediatric room.... I have no idea whether these allegations were drawn to Dr Tsigounis' attention when she was employed and I have no patient record in relationship to this and therefore cannot say it's supported by that.

There is another report, which refers to the use of a speculum in the rectum. However, this also is totally hearsay and I have no patient record of this”.

Despite this the Medical Board of Queensland continues to maintain that there was a “cervical/rectal incident” and an “acute bacterial meningitis patient”.

### **(3) The Cannula Complaints**

The Medical Board gave the following reason to support their decision on

the 26 March 2004. (Reasons for decision document by the Board, dated 26 March 2004)

*"Two incidents concerning the cannulation of child patients in contravention of relevant Townsville Hospital policy.*

*Whilst Dr Tsigounis claims that she abided by the Townsville Hospital policy and the instructions of her superiors after one such incident there is evidence-which the Board accepts-that Dr Tsigounis disregarded or departed from Townsville Hospital policy in a second such incident.*

*The evidence of the second such incident is contained in the statements of Ms Buldo, Ms Maloney and Dr Elcock".*

The statements in relation to the above cannulation incident were made for the first time in February of 2004, up to 12 months after the alleged event. This complaint was presented in the statements of Dr Elcock dated 6 February 2004, Nurse Maloney dated 9 February 2004 and nurse Bulldog dated 6 February 2004 which were also exhibited in their Affidavits.

Nurse Maloney says during the court hearing *"I am not aware whether the Townsville Hospital has any specific guidelines in relation to the number of attempts that should be made to cannulise a child, however, in my experience, if the canonula cannot be inserted within 3 attempts, someone more experienced should be approached to insert it".*

And, *"From the marks on the child's hand, I could tell that a number of attempts had been made to insert the canola.*

*While I was in the room, Helen made at least one further attempt. I estimate that about 5 or 6 attempts were made to insert the cannula into a child's arm.*

Nurse Maloney says that the Hospital Policy is that if the cannula cannot be inserted within three attempts, someone more experienced should be approached to insert it.

Nurse Buldo says that the policy of the Hospital is *"that two attempts are to be made and if the second attempt is unsuccessful, a more senior doctor should be sought out to insert the cannula.*

Nurse Buldo says that I had successfully inserted the cannula on my third attempt. (TX 261)

Dr Mark Elcock states that I inserted the cannula in my third attempt and says that having three attempts is not unusual. (TX 388).

I made the following submission before the District Court in relation to this incident.

*"The evidence of nurse Maloney differs markedly from that of Ms Buldo and the evidence of Dr Elcock.*

*Further in paragraph 2 of the Minutes of the Ordinary Meeting of the Medical Board of Queensland on 23 March 2004 which preceded its decision of the Medical Board on the 26 March 2004 to cancel the Appellant's Registration the Board when giving their reasons relied on the statement of Ms Maloney as corroborating a breach of contravention of relevant Townsville Hospital policy" [TX 3685]*

During the court hearing Mr Tait said that I had breached Hospital Policy because of this alleged event, that being a maximum of three attempts.

The following evidence was given by the Expert Witnesses in relation to this complaint.

Professor Dewan says: *"It is a common event to have more than three attempts to put in a cannula" [TX TX919]*

*"I have certainly seen residents who have had seven or eight goes at putting in a cannula" [TX 919]*

Dr Papagelis says: *"three to four attempts to cannulate a child is not unusual" [TX 1087]*

*"And sometimes the priority is to find a vein" [TX 1052]*

And Dr Rosenblum says: *"When cannulating three to four attempts is not bad" [TX 1178]*

A patient once again was not identified.

In view of the above evidence this was hardly an event, assuming it occurred, to warrant deregistration.

His Honour makes the following findings in relation to this issue; (Judgement)

**[110] The Appellant attempted 5 or 6 times to cannulate a child patient using the same needle for at least 2 attempts and without first undertaking standard preparations causing distress to the patient and the patient's parents (Nurse Karen Maloney, ex 1 tab 36 and Nurse Rebecca Buldo ex 20). When Dr Mark Elcock (ex 6), an emergency Department physician spoke to her afterwards (af-**

ter having been told of the incident by Nurse Buldo) she “did not appear to have much insight into the distress she had caused the family and did not understand why they were angry”.

[111] Holding Redlick, in their letter dated 10 November 2003 (ex JO26 to ex 34) said (Para 7.1) that the Appellant didn’t recall taking four attempts to cannulate a patient or this particular incident. Yarra Legal in their letter dated 12 March 2004 (ex JO36 to ex 34) said that after speaking to Dr Elcock “she thereafter observed the hospital standard of making only two attempts” (see also ex 56 Para 100).

In ex 56 Para 172 she says she may have tried 3 times to insert the cannula but denies she tried more than this. She also says she doesn’t recall any follow up discussions with Dr Elcock. Nurse Maloney was not required for cross-examination. In evidence Nurse Buldo (a registered nurse since the beginning of 2002) said she considered the Appellant’s treatment of this patient to have been “sub-standard and not in keeping with an intern level of professionalism”. She said (T 261) that had the Appellant properly planned and prepared for the cannulation the poor outcome may have been prevented.

[112] Dr Elcock said (T 387) that without his “diplomatic intervention” this incident would have resulted in a formal complaint by the parents. He was concerned about her failure to inform the parents what she proposed to do and why and obtain their consent and her dismissive attitude towards them more than the actual cannulation attempts. He considered (T389) she lacked insight into her inexperience with cannulation and lacked judgement. He said (T390) generally two nurses should assist in cannulation and the Appellant should have realised this”.

#### **4. The Cardiology Medication Errors**

These complaints were gathered by the Board in February of 2004 and presented in the February 2004 Show Cause Notice and included in the Affidavits of the witnesses.

The Board relied on these complaints to support a decision that I had not

completed satisfactory my internship requirements, when my work in this department was not part of the internship requirements.

A number of witnesses from this department conceded during the court hearing that doctors working in this area were well above that of an intern. I was shifted to this department, which I worked in for 2 weeks before I decided to resign from the hospital.

It appears that the Board, after realising they had not enough material to support their decision to barr me from the profession decided to then gather complaints from this department so as to strengthen their case against me.

An example of these complaints is the complaint that was made by Nurse Rachael Neill.

Her complaint was that my L looked like a C when I wrote the order "*Anginine S/L*".

She made this complaint for the first time 10 months after the "event".

This drug is normally written as Anginine S/L that is Anginine sublingually or to be given under the tongue.

Nurses working in the Cardiology unit know that it cannot be given as Anginine S/C that is subcutaneously or by an injection.

In evidence Nurse Neill, conceded that this drug order is a very common order given in the Cardiology Unit. (TX 465).

The patient's chart that was before the court reveals that this order had not caused any confusion at the time and the drug had at the time been given appropriately.

When looking at the drug chart His Honour conceded "*It looks like an L to me, nurse Neill*" (TX 464)

I asked Nurse Neill "*Did you have your glasses on when you looked at the chart?*"

She replied, "*I wear my glasses every day at work*" (TX 465)

Expert Witness Dr Papagelis makes the following statement in relation to this complaint; "*It is a silly complaint, that sort of nurse needs a talking to; I mean how could you even think that that was the case*" (TX 1080)

Another of these complaints was that I had written up lasix as a stat order, that is a one off order. Nurses signed affidavits that this drug is not written up that way in the Cardiology Department.

This complaint once again arose for the first time 10 months after the "event". Two cardiology nurses said it was wrong that it was written up that way. One Cardiology nurse said that a stat order of lasix could be given if the patient has become unstable. (TX 471)

Expert witness Dr Papagelis states, in relation to this complaint *"What's wrong with that? That just means please give immediately"* (TX 1083)

Another of these complaints was that I wrongly wrote up lasix as PRN (given as required or as things arise) which a number of cardiology nurses said, could not be written that way.

I responded to this complaint by stating *"I must have thought the patient was very unstable so I wanted to give the message across to the nurses that depending on the patient's condition at any moment he may require a one off dose of Lasix"* (TX 470).

But Dr Lucas, a witness called by the Board concedes that Lasix PRN is commonly written up as a drug order, *"in someone who has florid heart failure who perhaps is already on Lasix and had further Lasix when they went into pulmonary oedema"* (TX 492)

In relation to this complaint, I said to His Honour; *"Your Honour I'm disadvantaged in responding to these issues as the full clinical picture of the patients involved has not been revealed by the Board and it really does not give me a fair chance to respond as to why the Lasix was given in the first place"* (TX 469)

I also said to His Honour that I had spent only three and a half days as a doctor on the Cardiology Ward and therefore was new to what the protocols of the unit were and how drugs are preferred to be written. (TX 470)

In relation to the Cardiology Medication Errors, Expert Witness Dr Papagelis says, *"You have to also understand the average intern probably writes down thousands of medications during the intern year. Getting some of them wrong is not out of the ordinary, mistakes like that happen in a teaching hospital all the time"* (TX 1069, 1070)

Similarly Dr Rozenblum states, *"I wonder whether I perhaps made more errors in my intern year than you made and on the whole it's not a huge number"* (TX 1165, 1176)

Professor Dewan describes these complaints as *"frivolous"* (TX 919)

His Honour not only allows these complaints in the evidence before the



## The red back web

hearing when determining whether I had successfully completed internship requirements but relies upon them as “mistakes made” to support his final decision that I had not satisfactorily completed internship requirements.

### DOWN GRADING OF REPORTS

Dr Coley completed an internship report on the 16<sup>th</sup> December 2002.

It was an excellent report as is revealed in chapter one.

Up to the point when this report was written I had worked 12 weeks in the Emergency Department as an Intern and was supervised by Dr Coley all that time.

Indeed Dr Coley was my appointed mentor during my work in the Emergency Department as is evident by the following work progress report completed by Dr Hodges.

Dr HELEN TSIGOUNIS  
WORK PROGRESS REPORT

**FAXED**  
20.1.03

From 01/12/02 to 31/12/02

to be completed and forwarded to the Health Assessment and Monitoring Unit of the Medical Board of Queensland.

DR BARRY HODGES  
DEPUTY DIRECTOR  
OF MEDICAL SERVICES

REPORT BY: \_\_\_\_\_

POSITION: \_\_\_\_\_

NAME OF HOSPITAL: THE TOWNSVILLE HOSPITAL

Please indicate your assessment of Dr Tsigounis's apparent coping and progress, in terms of the following:

|                                   |                                                  |                                         |
|-----------------------------------|--------------------------------------------------|-----------------------------------------|
| Behaviour/Mood                    | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Sick Leave <u>Nil in 6/2</u>      | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Excessive      |
| Punctuality                       | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Time Management                   | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Ability                           | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Responsibility                    | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| Interaction with staff & patients | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |

Comments:  
APPEARS TO BE FUNCTIONING WELL AT THE LEVEL OF AN  
INTERNS. SHE HAS COMPLETED HER 912 INTERNSHIP SATISFACTORILY  
AND I WOULD RECOMMEND REGISTRATION.

Please give an indication of Dr Tsigounis's workload, including whether she is required to work on call or night shift.  
SHE IS ON THE JUNIOR RMO ROSTER IN THE ED AS AN INTERNS.  
THIS IS A RELATIVELY CONTINUOUS ROSTER IN MORNING, AFTERNOON AND  
NIGHT SLOTS. PATIENTS ARE IMPROVED CONTINUOUSLY. SHE  
PERFORMS THE NORMAL WORK-LOAD OF AN INTERNS.

Do you have any concerns with Dr Tsigounis's clinical practice? If so, please provide details.  
NO.

A 1332

Dr Helen Tsigounis

Are you Dr Tsigounis's immediate supervisor? If not, please advise the name of Dr Tsigounis's immediate supervisor, his/her position, and details regarding any discussion you may have had with that person regarding Dr Tsigounis.

NO. DR ANDREW COLEY, LOCUM ED CONSULTANT.

HE HAS GIVEN ME A POSITIVE REVIEW ON HER PERFORMANCE GENERALLY.

If you are Dr Tsigounis's immediate supervisor, please advise the following:

(a) How often do you have personal contact with Dr Tsigounis?

☐ Daily ☐ Weekly ☐ Monthly ☐ Other (please provide details)

\_\_\_\_\_

(b) Have you met with Dr Tsigounis since your last report, to discuss progress and/or any workplace issues?

☐ Yes ☐ No

Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you (circle as appropriate) discussed the above comments with Dr Tsigounis.

Signature:

Date:

20/01/03

Please return to:

Marlene Paterson  
Health Assessment and Monitoring Unit  
Medical Board of Queensland  
GPO Box 2438  
BRISBANE QLD 4001

FAX: 3247 3267

A 1333

After completing a full term, that is 10 weeks in Emergency by mid December I was promoted from intern to RMO by the Hospital. I continued to work in the Emergency Department under this new title until the first week of February.

Dr Coley, 14 months later, revises his internship report whilst residing in the United States.

In his statement dated 13<sup>th</sup> February 2004, 14 months after I had worked with him and whilst residing in the United States, Dr Coley states the following: *"based on my experience with Helen after I completed the Intern assessment form, if I had been asked to complete it later I would have given her 3s (just adequate-satisfactory) under the Knowledge category 3-4 (adequatesatisfactory), under the skills category 5 and for the professional Attributes category 3"*.

And further states *"In mid December 2003, Helen asked me to fill out an intern assessment form for her time in the Emergency Department. I recall that this was relatively early on in the time that Helen spent in the Emergency Department"*.

#### THE BOARD'S AFFIDAVIT

James O'Dempsey, was the only member of the Board that swore an Affidavit. (Exhibit 34)

In his Affidavit he relayed the material that was before the Board in relation to my employment in Queensland.

Mr O'Dempsey omits the following highly relevant and favourable documents sent to the Board by the Hospital during my work there:

Work Progress Report by Dr B Hodges to the Board dated 20/01/03  
(Annexure M)

Work progress report by Dr B Hodges to the Board dated 14/03/03  
(Annexure M)

Work progress report by Dr Keary dated 4 April 2003(Annexure M)

Letter by the Board to Dr Keary dated 19 August 2003. (, Exhibit 2)

Letter to the Board by Dr Keary dated 29 August 2003. (, Exhibit 2)

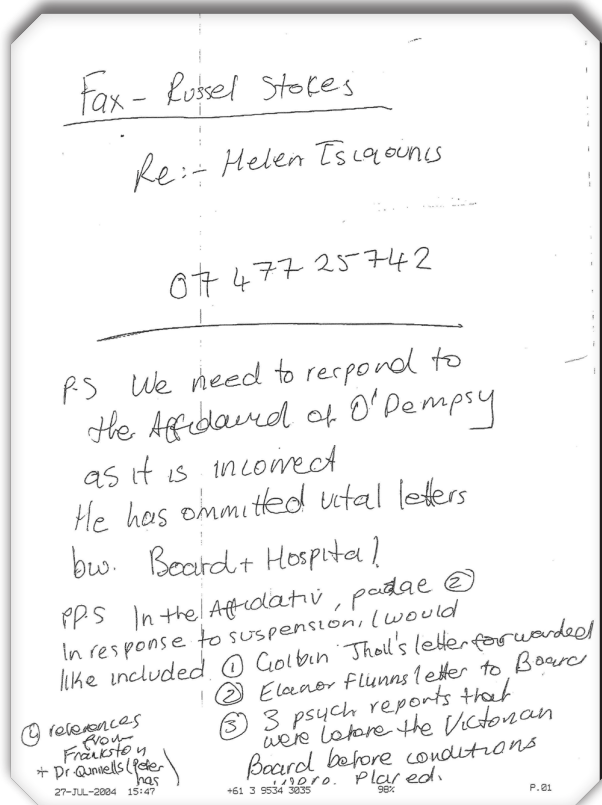
In fact the Board's chronology of events as relayed in James O'Dempsey's Affidavit varies markedly from the true chronology stated in chapter one of this book.

I tendered this "missing" material as evidence before the Court. (Exhibit 57).

Highly relevant documents that were in my favour and included as evidence by the Board were buried deeply in the Boards material before the Court. This is relayed by the following comment that I made when the Judge found it difficult to locate the internship reports that I had referred to in chapter one;

*"I would say it would be buried somewhere in the Board's material", I said to the Judge.*

When James O Dempsey presented his Affidavit that was to be included before the court, I had instructed Mr Dreyfus to alert the court that it was misleading and did not relay a true representation of the events. The following faxes were sent to my lawyers well before the hearing commenced



Mr Dreyfus had refused to take action and allowed this misleading material to be filed with the Court.

During the District Court Hearing, Expert Witness Dr Rosenblum gave the following evidence;

*"It seems that obviously someone who perhaps didn't like you or perhaps was collating and trying to collect as many errors as possible to put them to a submission, Because, I mean, I think myself about the number of times in my own intern year that I made errors and usually when I made errors in terms of writing a dose, normally one of the staff would correct me. So, it seems they've obviously been compiling a list...I wonder whether I perhaps made more errors in my intern year than you made in your intern year". TX 1176, 1177. (Day 12 of District court hearing)*

And

*"Based on the information, references and complaints it is my opinion that she be granted full Registration immediately".*

Similarly, expert witness Dr Papagelis stated; *"It is my assessment that there is nothing here that cannot be attributed as part of the learning curve for hospital residents and Interns" and "she appears to have accumulated extensive experience therefore than your average intern prior to registration".*

And Expert witness Professor Dewan; *"Her training seems adequate for registration".*

And *"The remainder of the allegations are not adequately substantiated or are trivial or vexatious".*

In fact Professor Dewan went further and said *"Helen appears to be a scapegoat of a system under stress".*

Are doctors commonly witch hunted from within the Australian System?

The most recent case is the Professor Kossmann case, described as one of the biggest medical scandals in recent Victorian History [The Age. Monday 12 May 2008. Surgeons College may probe Kossmann by Richard Baker and Nick McKenzie (Age Investigative Unit) page 7]

[The Age, 19 April, 2008 page 6 Kossmann stands defiant, firing first in war of words. Richard Baker, page 1 Fresh claims as surgeon quits Alfred by Nick McKenzie and Richard Baker, page 32, Editorial, Doctor looks for his cure]

[Herald Sun, 19 April 2008, page 6, Witch-hunt blast by Kelly Ryan][Herald Sun, Thursday May 22, page 3 by Grant McArthur and Geoff Wilkinson. Surgeon Risked Lives.] [The Age.] Thursday May 22. Page 1 Kossmann put lives at risk by Richard Baker and Nick McKenzie. Page 2, Better System must arise from ruin of career. By Nick McKenzie].

Professor Kossman, a German trauma surgeon, came to Melbourne from Zurich, in 2001 to head the Alfred Hospital's trauma unit, one of the world's renowned trauma centres and the busiest in Australia.

He is described as a gifted surgeon who came to Australia in good standing.

He also took on also a significant position with The Royal Australian College of Surgeons including being secretary of its academic surgery committee.

In August of 2007 after 6 years of work at the Alfred that Professor Kossmann describes allegations by four of his fellow surgeons were made against him to the Alfred's chief executive officer, Jennifer Williams.

A three man expert surgical panel headed by Dr Bob Dickens was commissioned to investigate the claims.

Three months later the Alfred Hospital suspended Professor Kossmann due to adverse findings in the panel's draft report.

In December of 2007, Professor Kossmann successfully challenges his suspension at the Supreme Court in Victoria and returns to work.

He is currently suing the Alfred Hospital over the suspension.

In April of 2008, the medical panel of Victoria makes its final report and leaks it to the press.

Professor Kossmann was accused of the following:

- Surgical incompetency where he has performed flawed and harmful procedures
- Performing surgeries such as spinal and pelvic surgeries that he was not qualified for.
- Billing for operations that never happened or had occurred by other surgeons.

After this report was made public Professor Kossmann resigns from his position at the Alfred and holds a news conference where he states that he had done nothing wrong refuting all the allegations and saying he was being witch-hunted.

- That the Medical panel was part of a process determined to destroy him and that nothing of his defence made before the panel was accepted even with the most evident truth”.
- Those who sought to destroy my career have not been able to come up with a single patient to support their claims. When you consider that I was involved in over 4000 operations at the Alfred this is a shark and revealing failure on their part.
- I am a proud Australian and I love this country but I have not been given a fair go.

He describes the hospital process as “an unAustralian process that has murdered his career and says the hospital’s international reputation is in tatters and that no overseas surgeon would come to the Alfred after the treatment dished out to him. It has been stated that a public witch-hunt is occurring and the claims against Professor Kossman are currently under investigation with the Victorian Medical Board, the Victorian Ombudsman, the Transport Accident Commission and Medicare.

The police are also likely to become involved and the states opposition is calling for a judicial inquiry.

Calls to the states Health Minister, Daniel Andrews are being made to ensure that Professor Kossman is ensured fair and open hearings in his endeavour to salvage his career.

After a seven month Inquiry the expert medical panel from the Alfred Hospital released their final report. It was as follows;

- Professor Kossmann put lives at risk that had the potential for catastrophic outcomes.
- Accreditation to perform spinal and pelvic surgery should be revoked due to serious flaws uncovered during a review of 24 patient cases.
- A lack of anatomical knowledge led to incisions in the wrong places and catastrophic bleeding in one patient. Professor Kossmann whilst operating on a patients spine, mistakenly drilled into a major artery leading to the brain and inserted a stabilisation device into the wrong part of the neck, as seen in the postoperation scans.
- Professor Kossmann performed unnecessary and harmful surgery that increased the risk of infection and complications.

- An implant was inserted that impinged on the major vessel of the heart, the aorta, and it was necessary for the professor to go back and revise that operation through a separate incision.
- Billed the TAC (Transport Accident Commission) and other public ally funded insurers for procedures that were never done or were done by others.
- Professor Kossmann had lied about his surgical experience on his resume
- On one case the panel found that Professor Kossmann became "disoriented" and drilled into an artery leading to a patient's brain because he did not know the anatomical position he was operating on, causing catastrophic bleeding"
- A recommendation that the TAC, Work cover and Medicare further investigate Dr Kossmanns billing practices".

Professor Kossmann and his team of doctors said that the panellists acted unfairly.

Professor Kossmann provided a detailed response to Dr Dickons' final report, point by point, challenging the panel's conclusions. The start of this rebuttal was published and is as follows, *"The final report is the product of a process that is so fundamentally flawed from the outset that there was almost a complete denial of natural justice."* And *"I believe that the complainants were motivated by self interest following a discussion I had with them concerning their behaviour which included falsifying timesheets, working in private outside Melbourne despite being on call, delaying patient treatment to gain financial benefit, non-attendance at peer review meetings and inappropriate behaviour towards female staff"*.

Professor Kossmann said that the two cases that were relied upon by the panel to conclude that he performed unsatisfactory surgery involved a technique he had performed successfully on over 250 patients.

Professor Kossmann concludes that he created an "enemy" and that it is *"an old-boys club plot"* against him.

He described the media conference held by Dr Bob Dickens, the head of the panel as a *"show trial"*. He says, *"It is a public relations gimmick aimed at glossing over their embarrassing mishandling of the process that has demeaned my family, as well as undermined public confidence in the administration of the Alfred Hospital"*.



*"When I was asked to do this job, I made the comment that there were no winners in this". "We bent over backwoods to ensure procedural fairness".*

Another case that made it to the press whilst I was writing this book is the case of Dr Cynthia Weinstein, physician and dermatologist .

Dr Weinstein was known as the *"best and brightest"*, finishing top at medical school and achieving a very successful practice in Melbourne.

She has gained an international reputation for laser skin resurfacing techniques and became regular at the global medical conferences as well as publishing research findings in journals.

She promoted the use of ultrasonic liposuction and laser eyelid surgery.

She was the chairman of the Australian College of Cosmetic Surgery's laser committee and was its director of medical training.

She was one of Australia's first celebrity doctors.

Colleagues say she is highly intelligent.

In 2002 the Medical Board of Victoria placed conditions on Dr Weinstein's registration limiting her practice.

Dr Weinstein's legal team accused the Medical Board of misinterpreting their role, which did not under the circumstances include the power to investigate where they found through the net patients operated on by Dr Weinstein, convincing them to be witnesses against her. Six patients were found as witnesses against her.

Allegations before the Medical Board of Victoria included:

After a laser treatment to remove blemishes from her face, a patient states that she suffered superficial erosion of her corneas, as her eyes had not been correctly covered.

The same woman claimed that Dr Cynthia also asked another inexperienced staff member to have a go.

Dr Cynthia's lawyer said that this woman had been given an anaesthetic named hypnovel that causes partial amnesia and that the woman had previously suffered from herpes involving the eyes that could explain the damage to her eyes.

- Another patient alleges that she was left looking like raw meat after fat was removed from under her eyes
- Accusations of using cosmetic rollers used more than once.

Dr George Muchnicke who had worked with Dr Weinstein told the Board he had no concerns over Dr Weinstein's conduct and heard few complaints from patients.

The case before the Board has been adjourned pending a Supreme Court Order whether to allow the Board to continue a hearing against Dr Weinstein based on the Board having an "*ostensible or apprehended bias*".

The following irrelevant and derogatory remarks were published in the newspapers about Dr Weinstein;

That she has a twitch in her right eye,

That she is hyperactive to the extreme to the point of almost being manic

That she suffers intense irritation if the doors to the gym opened even one minute late,

That she is intolerant of people who did not live up to her standard,

That she has had plastic surgery in the United States, including cheek implants, facelifts, nose and chin jobs, and injections of dermal fillers,

That there are rumours that she injected silicone into her own face.

Quoting an unnamed plastic surgeon who states *She's the most bizarre looking specimen that you can see*".

And *"I think her judgement is faulty. She has an ability to pull back from pushing the boundaries in any particular procedure" "she is a driven person both physically and mentally and lacking in emotional insight, lacking pathos and emotion. And "I think her judgement is impaired. She has an inability to pull back from pushing the boundaries in any particular procedure"*.

## CH. 8. THE DISTRICT COURT JUDGEMENT

*When dictators and tyrants seek to destroy the freedoms of men, their first target is the legal profession and through it the rule of law*

Leon Jaworski

Tony Morris QC, at the Supreme Court appeal, says the following in relation to Judge Clive Wall's conduct of the District Court hearing.

*"It really does come across as a Judge (Judge Wall) that is eager to say anything against this Appellant (Dr Helen Tsigounis) that can be said, whether or not there was evidence for it or not" [TX 39, CA No 4611 of 2005]*

The Board's decision in March of 2004 was not only legally void because of the prolonged "Show Cause Period" but the decision itself which was made under s88 of the Act revealed that the Board had acted beyond its powers.

These "errors" were touched upon by the District Court Judge on day 13 of the hearing. [TX 1273, 1274, and 1275]

In response to my statement *"But surely your Honour, you must take into consideration the Board's process...whether the medical board adopted correct procedure in coming to their decision"*.

His Honour replies *"Well if the process was obviously statutory wrong, maybe"*.

But then, the Judge chooses to ignore these essential points that would have automatically rendered the entire legal process as void and would have achieved a successful outcome for me with my desired registration.

His Honour then adds;

*"Well I'm approaching the matter on the basis that it's a rehearing, the ap-*

*peal, and I'll give a decision on the basis of the material before me, on your performance at the Townsville Hospital... whether you satisfactorily completed your internship and if you didn't whether your registration should be cancelled or you should be given a further period of internship".*

His Honour falsifies the fact that the Medical Board made their decision under s88 of the Act and instead states that the Board made its decision under s94 of the Act.

In doing so, His Honour covers up the fact that the Board in making its decision to cancel my registration under s88 of the Act, acted beyond its powers.

Despite having the true chronology of events in the evidence before him, His Honour, Judge Clive Wall misrepresents it with purpose to cover up the procedural and other errors made by the Medical Board.

#### **CHRONOLOGY OF EVENTS BY JUDGE CLIVE WALL AS IN HIS JUDGEMENT**

The following chronology of events is significantly different to the true chronology revealed in chapter one and from the evidence that was before the court.

The striking difference is that the events between the 13<sup>th</sup> of August 2003 and the 16<sup>th</sup> of December 2003 have been omitted.

The overall effect of these omissions serves to bury the procedural errors and inconsistencies in the Boards process in dealing with my matter.

His Honour's statements regarding each of the events that he mentions in his chronology reveal a falsification of the true evidence before him.

These factual errors are consistent and serve to undermine the evidence in my favour and to attempt to attack my character in a way that is consistent with the Medical Boards case.

His Honour changes the true perspective of the evidence giving increased weight to material that supports the medical Boards case and minimises the significance of material favourable to me.

He does this without any regard to the true value of the material in relation to the issues at hand.

In other instances His Honour ignores evidence in my favour.

In His judgement Judge Wall concludes the following;

● **1998- Suspension at Frankston Hospital, Victoria**

In relation to this period, Judge Wall states *"all doctors working with her thought she was a danger to patients"*.

There is no direct evidence before the court that Dr Flynn, the medical administrator who had suspended me during my employment at the Frankston Hospital or any of the doctors that had assessed me formally with Internship Assessment Forms made such a statement.

In fact Judge Wall fails to consider a body of crucial evidence, such as the internship assessments from my supervisors that reveal very well if not excellent performance and who had assessed my insight and judgment as a doctor as very good.

● **2002-Queensland**

Judge Wall makes the following statement: *"She telephoned Dr Barry Hodges (Assistant director at the Townsville Hospital) to enquire about the possibility of a job as a Resident Medical Officer (RMO)"*.

And further states that I had not told Dr Hodges that I had been suspended in Victoria and had not told him that the Victorian Medical Board had placed psychiatric conditions on my registration.

The evidence before His Honour in various sections of the material before him reveals that His Honour's above statements were false.

The evidence reveals that I had forwarded a letter with supporting documents including my Curriculum Vitae, information as to the events surrounding my suspension from the Frankston Hospital, along with the psychiatric reports that were before the Victorian Medical Board to Dr Hodges, asking for a position as an Intern so as to complete internship requirements.

This information was in my hospital file at the hospital which was subpoenaed for the purpose of the court hearing and included in the evidence.

These factual errors that were made by His Honour were not random errors but errors with a sinister purpose.

His Honour gives the impression that I had been secretive and dishonest with Dr Hodges when applying for a position to the point that I was asking for a position well above that of which I was qualified for.

An RMO is a doctor who has completed the internship training and is considered to be a second year and beyond hospital doctor.

- **2/04/02- Work begins at Townsville Hospital**

Judge Wall states that I began work as a RMO at the Townsville Hospital. The Evidence before His Honour was that I had begun work at the Townsville Hospital as an Intern and then promoted to the level of RMO. This factual error made by the judge serves to cloud the important fact that I had been promoted by the Hospital from Intern to RMO and that the Hospital was of the opinion that I had satisfied internship requirements and assumed that my application to the Medical Board would proceed successfully.

- **May/June 2002 -Determination by the Board of registration status**

Information Notice by the Board to complete a further 6 months of internship training in the disciplines of medicine and surgery.

In relation to this period His Honour states: *"Dr Hodges says the Board advised him of the conditions of her registration but did not provide any background information why those conditions were imposed. This was unfair to both the Appellant and the Hospital"*.

My hospital file from the Townsville Hospital\* clearly reveal that the Hospital was in possession of Dr Kippax's psychiatric report, that is, in possession of the reason that the Queensland Board imposed psychiatric conditions on my registration.

The evidence was before Judge Wall.

His Honour gives the impression that Dr Hodges employed me and assessed me without any knowledge of the psychiatric issue.

- **December 2002- Application By Appellant to Board**

His Honour states that I made an application to the Board during this period stating I had met its requirements and completed the 6 months of internship training.

His Honour states, *"The application was supported by an Internship report dated 19/12/02 which predated the completion of Internship"*.

His Honour falsifies the true material before him.

In their 11 June 2002 Information Notice the Board said I was to complete 6 months of internship training in the disciplines of medicine and surgery before I could apply to the Board for general registration.

I began work as an intern on this date.

After the 6 months, on the 11 December of 2002 the Hospital was of the opinion that I had satisfactorily completed the Board's Internship requirements and promoted me from Intern to RMO as is evident by a document that were tendered before the court\*.

On the 19/1/2003, Dr Hodges sends a two page document to the Board saying I had successfully completed the Internship requirements together with supporting Internship reports and a work progress report that he had completed. (see chapter one)

Dr Hodges "Internship Report" dated 19/1/2003 did not predate the completion of internship requirements.

His Honour, in making this error attempts to undermine this report that clearly states that I had successfully completed internship requirements.

Judge Wall tries to further undermine this important document by saying that in fact it was not Dr Hodges job to have completed such a report.

His Honour states; *"The report is signed by Dr Hodges (He fails to mention the status of Dr Hodges being the Deputy Director of Clinical Training) for the Director of Clinical Training because the Director, Associative Professor Keary was on leave"*.

From an attachment to Dr Keary's Affidavit\* it can be seen that Dr Keary, during this stated period, was in the hospital working as a medical consultant.

And a further document that was before His Honour revealing that Dr Hodges had signed a document upon my employment that he was to be my mentor in relation to my work and assessments at the hospital.

In fact Dr Keary in evidence states, *"You were assigned by Dr Hodges and that was that"* TX 549

- **January 2003.- Information Notice by Medical Board**

Information notice by the Medical Board to extend Internship requirements for 12 more weeks in a surgical discipline.

- **29/01/03- Letter to Board by Dr Hodges**

- **17/4/03- Notice by Appellant to the Board**

Appellant gave notice that she had completed the extended internship

requirements by the Board, that is the further 12-weeks in a surgical discipline.

- **12/May/2003- Appellant resigns from the Hospital**

His Honour fails to state that after the completion of my surgical rotation on the 17/4/2003, the hospital was of the opinion that I had once again completed the Board's further requirement, that is the 12 weeks of surgery and thus shifted me to the cardiology department as an RMO and offering me re-employment for another year.

It was whilst I worked in this department that I resigned from the hospital to pursue the issue of the delayed response of the Board to my application. His Honour clouds the issue that my work in Cardiology was not part of my Internship requirements and ignores the evidence that reveals that doctors working in Cardiology are of a status above that of intern. TX 368, 298, 302, 413

His Honour then uses the Cardiology complaints to support his argument that I had not successfully completed internship requirements.

- **16/05/03- May Application to the Board**

His Honour states the Appellant made an application to the Board that she had completed internship requirements "with various internship reports". His Honour attempts to minimise the importance of these reports that were the formal assessments that were to be completed in relation to my practice as an intern.

These reports are revealed in chapter one.

His Honour fails to mention the work progress reports completed by the hospital and sent to the Board, upon request by the Board. These reports, revealed in chapter one all state that I was performing well and contradict the Judges conclusions.

- **15 and 16 May 2003 - Dr Karen Yuen's report**

His Honour refers to the report by Dr Karen Yuen and comments:

*"It is factually incorrect in a number of respects e.g. the meningitis patient*



*was not a child and a lumbar puncture was not performed. These do not however affect the overall tenor of the report" [TX 17]*

His Honour fails to identify the fraudulent and malicious nature of this report.

● **20/05/03-Letter by Dr Peter Keary to the Board**

His Honour refers to Dr Keary's letter by saying "*she had worked only eight fractured weeks in surgery and had not completed the requirements for registration and should be required to do further training*".

His Honour fails to consider the evidence of Dr Keary in relation to this letter.

Dr Keary admits in evidence that his above letter was incorrect and he had miscalculated from the hospital records the amount of time that I had worked in surgery and in Emergency.

The following is a section of the transcript where Dr Keary gives evidence [TX 565/566/567]

*Appellant: I guess the point I want to make here is if you count the number of weeks that I worked in surgery based on your document PJKI, they add up to 10. Is that correct?*

*Dr Keary: I think that's right, yes.*

*Appellant: If you consider your letter to the Board dated 29th August 2003 you state that an extra 2 weeks were worked in surgery during my Emergency Rotation as well. Is that correct?*

*Dr Keary: Correct.*

*Appellant: So, if we add 2 weeks to the 10 weeks we come up with 12 weeks.*

*Dr Keary: Correct.*

*Appellant: So is it possible that I did work 12 weeks in surgery whilst at the Hospital?*

*Dr Keary: It's possible.*

In his same letter, Dr Keary states that I had only worked 8 weeks in the Emergency Department.

When asked to count from hospital records the number of weeks I had worked in the Emergency Department, Dr Keary concedes that it was 17 and that he had been wrong in his initial letter to the Board.

In evidence, Dr Keary states that the only reason he did not sign off on the final document to the Board that would have granted me my immediate registration at the end of my internship training was because he was then, of the opinion that I had not completed 12 weeks of surgery.

He says "And that was my only reason for not signing off on your registration certificate.

I gave no other reason whatsoever at the time" [TX 564.30]

He concedes to a mistake and says, *"That's what I said at first. All right I'm sorry"* [TX 565.50]

His Honour fails to identify or see the vital importance of Dr Keary's above evidence.

Dr Keary fails to sign off on the final document to the Board that would have resulted in me receiving my desired registration because he had miscalculated the number of weeks that I had worked in Surgery. The Board had requested that I work 12 weeks in this discipline.

His Honour, when finding I had not satisfactorily completed the surgical requirements because I had worked only 11 of the required 12 weeks does not consider Dr Keary's evidence.

In fact, His Honour does not consider the law that is, what "the Act" states is a sufficient time in this discipline.

The requirement of "the Act" is that at least 10 weeks is to be worked in surgery.

### ● 30/05/03-Letter by Dr Keary to the Board

Judge Wall quotes the following from Dr Keary's letter to the Board:

*"I have received a report from one of the registrars who Helen worked with who was very dissatisfied with her work and this is Dr Shamila Balanathan and I enclose a written Intern assessment from her which suggests she is not ready for unsupervised work.*

*All of Helen's other reports actually pass her; this includes reports from various surgical registrars.*

*I should point out however; that at no time during her assignment did she spend more than 2 weeks with any one unit, and for the most part, these people were not really able to assess her properly.*

*It is mainly for this reason that I am unhappy about the term that she did. This, of course was not her fault, there was an administrative upset and I*

*think that Dr Hodges, the Deputy Director of Medical Services failed to recognise that she had yet to do a full surgical term and the only one available at the time was the relieving one. Nevertheless, I have had several verbal reports from people who are unhappy with her work in surgery and there are written reports of less than satisfactory clinical behaviour. Therefore, reluctantly I must state that in my opinion at least, Dr Tsigounis has not yet completed her internship in a satisfactory manner”.*

His Honour takes this letter on face value despite Dr Keary’s oral evidence accepting that his then opinion was incorrect..

His Honour also fails to consider the Board’s written practice that a 10-week rotation regardless of whether it is continuous or fractured in its nature is sufficient \*

This evidence was also before the court.

#### ● **11/06/03-Show Cause Notice by the Board**

His Honour fails to acknowledge the fraudulent and malicious nature of this Notice.

He does not mention that a detailed response to this letter was made on the 13 August 2003, which pointed out the above.

The weaknesses in the Balanathan report as pointed out in the response to this notice were not considered and His Honour places unreasonable value on “the Balanathan report”.

#### ● **30/09/03- Expiry of Appellant’s registration**

His Honour states that the Appellant’s registration expired on this date but fails to state that the Board was in breach of “the Act” by not issuing a notice 2 months before the alleged expiry.

His Honour also fails to see the evidence before him that reveal I had paid three times the annual registration fees that year.\*

The judge states, “*The Appellant’s registration expired on 30 September before the Board further considered the matter and she had not applied to renew it.*

*There was therefore in fact no registration to cancel. The Board recognised this at its meeting of 11<sup>th</sup> November 2003”.*

His Honour fails to mention in his Judgement the events of this period which

included the Board issuing a second Show Cause Notice and the response that was made to this notice. His Honour does not mention any other of the events during this period that reveal inconsistency in procedure by the medical board and the fact that the Board was proceeding during this period as though I was registered.

- **16/12/2003- Appellant applies for the restoration of registration**

- **27/01/04- Restoration of registration**

*“General Registration be restored subject to conditions, including probationary conditions attaching to the registration immediately before its expiry”.*

- **10/02/04- Second Show Cause Notice by the Board**

His Honour states that the Board issued a second Show Cause Notice. It is clear from the evidence before His Honour that this notice was the Board’s third Show Cause Notice.

- **12/03/04- Appellant’s Response to Show Cause.**

He fails to mention this was a 50-page formal response.

- **23/03/04**

Decision and Reasons for Decision by medical board.

His Honour in his chronology of events, fails to mention the work progress reports by Dr Keary and Dr Hodges that were forwarded to the Board whilst I was employed at the Townsville Hospital.

These documents do not support His Honour’s findings that I did not reach the required standard to pass my internship year and in fact contradict much of the case against me.

## STANDARD OF PROOF ISSUE

The Standard of Proof is a law that needs to be applied to a case when a Judge is determining the evidence before him.

In criminal cases the decisions made by the judge need to be supported by the evidence "beyond a reasonable doubt".

In civil cases the decisions and findings made by a judge need to be supported with less certainty and with a level of pursuation that this is "probably" the case.

In between these two standards is the Briginshaw standard.

The Briginshaw standard dictates that when a judge makes a conclusion there needs to exist "*a very high probability that this is so*".

The judge needs to be "reasonably satisfied" with "*an actual pursuation of the occurrence or existence of the fact in issue*". [*Hewitt v Medical Board of Western Australia* (2004) WASCA 170]

And that he "*should not be satisfied that the charge is proven unless the evidence is precise and cogent evidence which survives careful scrutiny*" [*Mercer v Pharmacy Board of Victoria* (1968) VR 72 Pape J said at page 81]

Common Law (Case Law) supports that the Standard of Proof that needed to be applied to my case is the Briginshaw Standard of Proof.

His Honour of the District Court accepted that this was so for the following reasons; [Para 28 of *Tsigounis v Medical Board of Queensland* [2005] QDC]]

- *Serious allegations of Professional incompetence are levelled against the Appellant*
- *If resolved adversely to the Appellant they are to impact severely on her standing reputation, career and livelihood*
- *No greater penalty could be suffered by a medical practitioner than de-registration which is the Medical Board's position and the subject of the appeal*
- *If the findings made by the Board stand, the Appellant will find it extremely difficult if not impossible to obtain future employment as an intern and her registration as a medical practitioner in Greece would be at risk.*

Judge Wall said that he applied the Briginshaw standard to my case when making findings such as unsatisfactory professional conduct, incompetence, negligence, lack of judgement and that my treatment of patients placed them at serious risk.

In relation to Judge Wall's approach to the evidence, Tony Morris, QC submitted the following to the Supreme Court of Brisbane;

"His Honour Judge Wall QC acted unjudicial and entirely misconceived his functions by;

*Paying only lip service to the "Briginshaw standard"*

*Making purported findings of fact which were not supported by the evidence*

*Where the evidence was in conflict failure to articulate any reasoned or intelligible basis for accepting one body of evidence in preference to another*

*Failing to address the true issues in the proceedings*

And,

*The only conclusion reasonably open to the evidence would have been a finding to the effect that Dr Tsigounis had satisfactorily completed the internship requirements".*

### **THE MENINGITIS PATIENT (JY)**

Judge Wall's approach to the meningitis patient is indicative of his approach to all of the issues before him.

Tony Morris submits the following in relation to the judges approach to the evidence regarding the "meningitis patient" (JY).

*"At first instance, the Board identified the management of patient JY, otherwise referred to as "the meningitis patient" as the most serious of the incidents involving Dr Tsigounis. The incident formed the focal point of the Board's case in relation to competency.*

*"It is submitted that the clinical presentation of JY, and contrary opinions, create sufficient doubt as to whether a lumbar puncture should have been performed such that there was an insufficient evidentiary basis upon which the learned primary judge could have been satisfied, to the Briginshaw standard, that Dr Tsigounis ought to have performed a lumbar puncture.*

*However, more fundamentally -even if the learned primary judge were entitled to be satisfied that performing a lumbar puncture was the preferable course of action in the circumstances-that was not (and never could have been) the issue. This was not an action for damages for professional negligence, in which the issue might have been whether a practitioner's performance was less than optimal. The issue was whether the conduct of Dr Tsigounis demonstrated incompetence on her part. The primary judge simply did not address how the competence of Dr Tsigounis could be called into question, when the course of action which she adopted was supported by, not one, but several competent medical practitioners".*

### **DIAGNOSIS OF JY**

His Honour finds the following;

**"... I am satisfied from the evidence of Dr Cooksley that JY in fact had meningitis. Dr Small thought he did not but I think he is mistaken; Dr Cooksley's examination of the patient's records was much more detailed than Dr Small's and I felt he had a better understanding of the overall picture".**

Dr Cooksley had not seen patient JY (TX 715) and was not in the hospital when the patient presented. (TX 708.25)

Dr Cooksley states that he made statements to the Board about this patient after Brian Pugh (not a doctor but an administrator), coerced him. (Court evidence).

I asked Dr Cooksley during the Court hearing; *"Did he (Mr Pugh) ask you to highlight any complaint about every doctor?"*

Dr Cooksley responded, *"In your case he did, yes he did. But the reason why he did that, you'd have to ask him. (TX 742)*

Brian Pugh did not appear in court.

Dr Cooksley admits to being the source of the detailed and highly damaging and incorrect information in Dr Yuen's Notice [TX 713,721]

Dr Cooksley continues to make false statements to the Board in October 2003, February 2004 and signed an Affidavit with this incorrect material in June 2004 without bothering to check the correct information with the patient's medical records. [TX 702, 725].

Dr Cooksley states: *"Didn't have the notes didn't have the patient's details and admittedly it was the only information that had been conveyed to me by others... and as it turns out you're quite correct in saying that the initial details that I had were incorrect... If someone calls your name it's not going to kill you and if someone makes an allegation against you, and if it's investigated and found to be unsubstantiated then well, that's the way it was... I don't think, it can only injure and harm someone if it's found to be unsubstantiated-sorry, if it's found to be substantiated"(TX 723.10) (TX 723. 20)(TX 725.33)*

Dr Cooksley states that he received this incorrect information from Dr Gelhaar, but Dr Gelhaar denies being the source of the information. (TX 712.6)

His Honour concedes that medical files of patients in a hospital are easily obtainable by doctors (TX 726.19).

Even at the time that Dr Cooksley gives evidence before the court about my treatment of patient JY he had still not bothered to check the facts with the patient's notes.

In reference to the patient's clinical notes, Dr Cooksley states in Court with a cavalier attitude, *"I don't know. I haven't looked, to be honest".*

His Honour states during Dr Cooksley's cross examination *"Well the doctor said that he hasn't read all of the notes. Is that right?"*

Dr Cooksley answers *"Yes" (TX 726.42)*



His Honour says; *"When he represented?"*

Dr Cooksley replies: *Yes. So, I don't know what the subsequent course in hospital was. (TX 726)*

When Dr Cooksley was asked whether he knew how long JY had stayed in hospital for, he answers, *"I don't know. I didn't review that" (TX 714.8)*

When asked whether he was aware that JY had presented to the Townsville Hospital in the year 2000. , He answers, *"no, I wasn't" (TX 712.12)*

His Honour states *"Well, we've got his whole file here. I mean, why don't you pass, the file to Dr Cooksley" (TX 727)*

With the clinical files of the patient before him, Dr Cooksley still tries to mislead the court in relation to patient JY.

Dr Cooksley tries to minimise the importance of the blood cultures test in the diagnosis of bacterial meningitis.

He says; *"the blood cultures are irrelevant. (TX 730)*

He then tries to falsify the actual results of the lumbar puncture.

He says, while reading the patient's file that the glucose level from the lumbar puncture results was decreased or lower than the normal level which if so, would support a diagnosis of bacterial meningitis.

I then said to Dr Cooksley; *"Can you state what the glucose value was?"*

He replies; *"2.9".*

I said; *"But it's within the normal range?"*

He replies, *"Right".*

I then said, *"You said it was a decreased glucose?"*

He replies, *"Ok, I was incorrect. (TX 704)*

Even after reading the entire clinical notes whilst in the witness box, Dr Cooksley gives a clearly false opinion by saying that it is still his opinion that JY had bacterial meningitis.

When Mr Tait asked Dr Small whether he was familiar with the patient's notes, he replies, *"I am, yes" (TX 306.42)*

In evidence, Dr Small states: *"I did not see this patient-I can only comment on the nursing and medical observations and what you documented in the patient's notes" (TX 332.35)*

When asked whether JY suffered from meningitis he replies *"No. Following the lumbar puncture results it was revealed he did not have meningitis" [TX 344]*

His Honour asks Dr Small; *"So the patient didn't in fact have meningitis?"*  
Dr Small replies, *"Yes that's correct"*.

In determining whether JY had meningitis or not, His Honour does not consider the following evidence;

Dr Katrina Gelhaar, a Board's witness admits to not having seen patient JY but after reading the patient's file says that JY did not have meningitis. (TX 74)

Expert witness, Professor Dewan gave the following evidence after reading the entire clinical notes of patient JY; *"There was no indication that there was meningitis"* (TX 915.12)

And *"Any contention that it was meningitis is incorrect"* (TX 914.10)

Similarly Expert Dr Papagelis states, *"It doesn't sound like meningitis, does it?"* (TX 1079.34)

His Honour does not place the appropriate weight on my evidence despite the fact that I was the only doctor that had seen patient JY during his first admission on the 27 January of 2003.

My court evidence regarding JY was as follows:

"I saw JY on the 27<sup>th</sup> of January 2003 during a night shift in emergency medicine. I worked with Dr Katrina Gelhaar who was the registrar on and another intern. The three of us worked the evening shift that began at 2200 to 8:00am in the morning. I saw JY at between 4.00 to 4.30 am. He had a severe headache of one or two days old that was occipital in nature that is at the back of his head; so far the presentation was against meningitis. He had a long history from suffering from such headaches; once again that bit of information in the history goes against meningitis. I noted he had presented to the emergency department in the year 2000 with almost exactly the same symptoms and signs; once again that goes against meningitis.

JY said he felt hot but he did not have a fever. His temperature on presentation was 36.9. In fact he did not develop a high temperature throughout the 4 hours he was observed in the Emergency Department.

His pulse was 70 and regular throughout the night, which goes against an infective process.

He did not reveal altered consciousness and was in fact alert the entire evening.

He suffered aches and pains all over his body including some neck pain.

This pointed to a generalised viral infection rather than localised viral meningitis.

His examination did not point to meningitis.

He had minimal photophobia (sensitivity to light).

He had what I rated to be 2 out of 10 neck stiffness or tenderness.

He had no rash.

At the end of my examination I had a low suspicion of meningitis.

I thought it was most likely to be a viral infection with headache.

I felt that I should exclude any possibility of meningitis because of the severity of the disease so I kept him in hospital for further observation.

I did not do a lumbar puncture, which is an invasive procedure with severe risks as I had a low suspicion that it might be meningitis.

I gave him analgesia for his headache including initially 2 tablets of panadeine forte and later 5mg of morphine and 10mg of maxalon for his nausea.

I gave him fluids, which helps with migraines.

I also gave him one dose of a broad-spectrum antibiotic. This was not to treat any suspected form of meningitis but to treat any form of infection that may be brewing.

This particular antibiotic treats a number of infections including pneumonia, tonsillitis and others.

I then did some blood tests to get more clarity of the situation.

His white cell count was 10.6, which is not indicative of infection.

I observed him for 4 hours.

I kept him in overnight so I can present him on the 8am ward round where patients are discussed and decisions are made by more experienced doctors.

I did not want to make a decision whether a lumbar puncture should be performed as I had a very low suspicion that it could be meningitis.

At 8am JY was watching TV, which meant his photophobia had resolved.

His headache was gone.

I presented the entire clinical picture to Dr Andrew Coley, who was the consultant that came on at 8am for the ward round.

Dr Katrina Gelhaar was also present during the ward round.

The point of the morning ward round is to assess patients still in the emergency and pass them onto new doctors that come on for the following shift.

Group decisions are made regarding these overnight patients.

It was decided at the ward round to have the patient go home with a letter of referral to his GP.

At 8am my diagnosis of the patient, as is clear from the letter to the GP that I wrote was migraines.

I asked his GP to review him as to the best medication for his recurrent headaches. By 8am in the morning and after having observed him for 4 hours I had ruled out the possibility of meningitis.

I thought it was most certainly one of his migraines.

Despite my opinion I kept him in until the morning ward round to allow doctors superior to me to make the final decision.

By 9am in the morning when the patient left the hospital the morphine I had given him had worn off.

I left the Emergency department at 8.30am after the end of the ward round.

I wrote in the patient's notes for the new doctor that had taken over what the plan was.

I noted from a subpoenaed hospital document that the patient was discharged from the hospital at 9.05am.

JY's presentation in the year 2000 was almost identical to this one and I noted that the doctor seeing him then had also decided not to perform a lumbar puncture.

Similarly, then JY was treated with morphine and maxalon and referred to his GP.

From the subpoenaed medical notes that were made available to me on the first day of the hearing I noted he represented to the Emergency department 8 hours later complaining once again of a headache.

I noted that the doctor that saw him then performed a lumbar puncture.

I also noted that the glucose of the spinal fluid came back as 2.9, which is within the normal range. This value does not point to either bacterial or viral meningitis.

The viral serology of his spinal fluid also came back normal.

This goes against viral meningitis.

The tests looking for any bacteria in his spinal fluid were also normal and failed to detect any organism.

This goes against bacterial meningitis.

His blood cultures were also normal failing to detect any bacteria, which also is against bacterial meningitis.

His test for meningococcus, the severe form of bacterial meningitis was also negative.

The white cell count of his blood was retaken three times and revealed values within normal range, which goes against meningitis.

His test called CRP was less than 5, which is against any form of infective or inflammatory process happening in the body.

I believe from all the tests performed on this patient a diagnosis of meningitis could not be made. The first I heard of a

“meningitis patient” was in the Board’s June 11th Show Cause Notice reported by Dr Yuen from the Medical Board.

She stated that I had performed a lumbar puncture on this patient and that I had sent him home before the results were available.

She also stated that the patient was recalled after the lumbar puncture results revealed acute bacterial meningitis.

This was clearly false.

This patient was also included as a complaint in statements to the Board well after I had left the Hospital by numerous doctors who wrote what they had heard about this patient.

Many of the statements and in particular that of Dr Cooksley reported highly inaccurate information.

I thought it was odd that they would report on a patient they had never seen and in Dr Cooksley’s case making repeated false statements without having bothered to look at these patients medical notes over a 15 month period.

I am also surprised that the Board accepted these false statements even after the Director of the Hospital wrote to the Board in August of 2003 stating that the management of this patient was satisfactory and that he did not have acute bacterial meningitis”.

In relation to my court evidence, His Honour concludes the following in his judgement;

**“I cannot accept her evidence....**

**The Appellant tried to reconstruct a clinical picture of JY, which the evidence does not in any way, shape or form, justify or support  
The Appellant treated the patient inappropriately. Her treatment of him was unacceptable” [117-122]**

It was revealed at a later date that the cause of JY’s headaches were occupational as he worked in a zinc refinery.

He was told by his General Practitioner to change jobs in which he did resulting in the cessation of his headaches.

### SHOULD I HAVE PERFORMED A LUMBAR PUNCTURE?

His Honour concludes,

**"A lumbar puncture should first have been performed and she should have realised that.... the Appellant should have but didn't, order or perform a lumbar puncture.**

**Drs Gelhaar, Jessica Lucas, Ashley, Small, Cooksley and Coley all said a lumbar puncture was indicated and had they been consulted that is what in all probability would have happened".**

His Honour once again incorrectly relies on Dr Cooksley's evidence that he believes a lumbar puncture should have been done, despite the malicious and fraudulent nature of Dr Cooksley's evidence.

His Honour agrees that Dr Jessica Lucas rightly performed a lumbar puncture on this patient when he represented the same day.

Dr Jessica Lucas did not appear before the court.

His Honour falsifies the evidence of Dr Coley.

Dr Coley conceded that he had not seen patient JY. (TX 94)

In fact he emphasises this point throughout his cross-examination by stating; *"I personally did not see the patient"* [TX 102]

When asked if he has read JY's clinical notes he answers; *"I have not"* (TX 94).

Dr Coley states what he had heard in relation to this was *"a patient with all the signs and symptoms of meningitis was given pain medication and sent home and without appropriate treatment"* (TX 90)

After having the clinical scenario of patient JY put to Dr Coley during his cross examination, Dr Coley states; *"What I heard were more profound symptoms than what your describing"* (TX 94) and *"If your describing a patient with that, I would, you know, really need to use my best judgment and I may not immediately jump into a lumbar puncture"* (TX 94)

When asked whether it was common practice to do a lumbar puncture on all patients that present in the Emergency with the signs and symptoms that JY had, Dr Coley replies *"Clearly you cannot do a lumbar puncture on everyone that presents that way. That's ridiculous"* (TX 101)

It is clear that Dr Coley's evidence was of a general nature and that only if the signs and symptoms suggested meningitis would he perform a lumbar puncture.

His Honour accepted that Dr Coley's evidence did not specifically relate to JY, he states, *"he's talking in general terms and not about this patient"* TX (91)

Despite this, His Honour continued to illicit general answers from Dr Coley and then used his answers to support his argument that I should have performed a lumbar puncture on this particular patient when I saw him.

His Honour asks Dr Coley, *"but what you say doctor is before you can exclude meningitis you should do a lumbar puncture?"*(TX 101) and Dr Coley responds *"absolutely, if the signs and symptoms warrant that"*.

When Dr Coley was asked what would be appropriate treatment if one suspects meningitis Dr Coley replies: *"a careful neurological exam, if the signs and symptoms warranted a concern for meningitis the lumbar puncture should have been performed. Antibiotics given, cultures being obtained to determine if it is viral or bacterial meningitis or if the patient looks clinically ill to give antibiotics before the lumbar puncture. Cell cultures done to determine what type of meningitis the patient was suffering from"* (TX 90) Similarly Dr Small's evidence was of a general nature.

He basically says that if symptoms and signs suggest meningitis, a lumbar puncture should be performed.

Dr Small believes the level of suspicion of the doctor seeing the patient is of paramount importance.

He states he would perform a lumbar puncture if he felt the patient had meningitis.

He thinks that I should have performed a lumbar puncture as I thought it was meningitis.

This assumption is incorrect as is clear from my evidence.

Dr Gelhaar believes I should have performed a lumbar puncture on JY.

She also believes the doctor that saw him in year 2000 should also have performed a lumbar puncture, which he did not.

Dr Gelhaar concedes that JY's presentation in 2000 was identical to the presentation when I saw him. [TX 156.50]

The patient did not suffer from meningitis in 2000.

His Honour fails to consider the opinion of the following expert witnesses.

Professor Dewan states, *"almost certainly would not recommend a lumbar puncture"* (TX 915.8) and *"that would be the sort of situation that a lumbar puncture would be seen as dangerous"* (TX 915.11).



Dr Papagelis states, *"meningitis is a rare condition and you don't want to be doing a lumbar puncture in everyone with bad headaches" (TX 1064) and "a lumbar puncture is not something that an intern is expected to do" and "I would only proceed to do a lumbar puncture if I felt strongly that there was a possibility of meningitis" [TX 1079]*

Dr Rosenblum believes that in circumstances where there is a low suspicion of meningitis, what he would really do is just observe (TX 1175.7)

### MY OVERALL TREATMENT OF JY

His Honour concludes in his judgement:

**"The overwhelming preponderance of the evidence given by the board's witnesses (Drs Gelhaar, Jessica Lucas, Ashley, Coley, Small, Cooksley and Professor Judson) whom I accept is against the case advanced by the appellant".**

**"To the extent to which Drs Rosenblum and Papagelis could be said to support or sympathise with the appellant's treatment of JY I cannot accept them in the face of the experienced emergency medicine practitioners whose evidence I do accept.**

**Each conceded though that it is very important that meningitis be excluded.**

**The same applies to the opinions expressed by professor Dewan.**

**I considered his opinion to be ill informed and I have reservations about his objectivity in matters concerning the appellant.**

**He seemed to me to be unreasonably subjective in the face of a substantial body of apparently credible evidence pointing in the other direction. Much of the criticism of the appellant he dismissed as the product of some type of herd or group mentality whereas I find it to be the result of genuine concern by experienced individuals who have all arrived separately at the same conclusion as to what should have been done and as to the appellants clinical skills and judgment.**

**I agree with the submission of Mr Tait that the appellant still appears to have no realistic insight into the seriousness of the situation which existed with JY and is unable to accept the fact that Drs Gelhaar, Jessica Lucas, Ashley, Small and Cooksley**

**could be correct in the opinions they have expressed. According to Dr Ashley this shows that the Appellant lacks insight and a sense of limitation of her own skills”.**

His Honour ignores or minimises the following court evidence.

Professor Dewan’s overall judgment in relation to patient JY was as follows; *“Helen, to me, appears to have a good understanding of meningitis and its clinical presentation and management. That would seem if she was in an unsupervised position with a patient who possibly did have meningitis that she would perform well”* (TX 929.15-21)

Professor Dewan states that from JY’s clinical presentation *“evaluation over a period of time would seem the better investigation and that 4 hours of observation seems a reasonable time frame to then discharge the patient”* (TX 917)

Professor Dewan believes that despite the fact that there was no documentation in the patient’s notes stating that the patient was discussed with a more senior doctor it does not necessarily mean that this had not occurred. He says *“because this incident was reported and discussed some time after the event there may have been a brief interaction with a registrar that was not documented and with a busy emergency department the omission of that sort of detail wouldn’t surprise me”* (TX 930)

And further states *“protocols are developed to give a guide and you have protocols that are different for the same condition in many different hospitals. You have interns who might have trained in one hospital and then gone to another where in fact they’re adhering to a protocol but it is actually different to the one in the hospital they’re working in”* (TX 929, 930)

Dr Papagelis says, *“Absolutely, the appellants documentation of patient JY indicated a thorough examination”* (TX 1062) and that it would be *“an ideal situation to make notes on who was in attendance on the ward round* (TX 1057) and *“unfortunately it’s very difficult to write everything down”* (TX 1080).

Dr Papagelis states, *“interns are not obliged to inform the registrar of all the patients with potential meningitis, that’s not a rule”* (TX 1073)

Dr Rosenblum states, *“The Appellants treatment and judgment in relation to her treatment of JY was satisfactory”* (Exhibit 54, TX1140)

Dr Katrina Gelhaar gives her opinion despite stating, *“I wasn’t involved in the care of this patient”* (TX 152) (153), and these are things that I should

*not be commenting on because I was not involved in the care of this patient. I did not see the patient" (TX 155)*

Dr Ashley gives opinions relating to the management of this patient despite not having seen the patient and despite being unfamiliar with the patient's clinical presentation. During her cross-examination she was asked whether she had read the patient's clinical file, she answers, *"I have only read the note"*.

To the following question *"can you remember how this patient presented initially to the emergency department?"* she replies: *"at this moment, no"*.

When asked whether the patient had presented with an elevated temperature at the time I had seen him Dr Ashley replies, *"I believe he did have a fever" TX 119*, *"he presented with headache and fever" (which was incorrect). [TX 121, 125]*

When I asked Dr Ashley whether I should have performed a lumbar puncture she answers, *"Well, fever, headaches, stiff neck and if you make a diagnosis of meningitis, you must do a lumbar puncture. It's an absolute given"*.

When I asked her are you sure that I had made a diagnosis of meningitis she answers *"yes, viral meningitis"...*

It is clear that Dr Ashley gives opinions based on incorrect assumptions and untruths.

Similarly the fourth of the expert witnesses Associative Professor Judson gives opinions based on incorrect assumptions, untruths and second hand opinions and statements.

When Professor Judson was asked on what basis he makes his judgments in relation to my incorrect treatment and management of patient JY, he replies *"I think there were three or four independently documented notes by doctors in the Emergency Department in relation to the patient who had headache and fever" [TX 669]*

He basis his opinions on the opinions of other doctors, instead of the clinical facts. He says I base my opinions on the opinion of doctors *"who subsequently made notes in relationship to the incident and that's what I base it on" [TX 678]*

When asked whether he was sure that the statements and opinions of these other doctors were correct, he answers *"I have no reason to doubt that it was other to doubt otherwise, it was referred to by several people" [TX 668]*

Professor Judson states, *"if you had seriously contemplated the patient had meningitis, that the appropriate initial treatment would have been a lumbar puncture"* [TX 675.35]

He assumes that I had seriously thought the patient had meningitis, which was incorrect, and states that a lumbar puncture is a treatment for meningitis, which is also incorrect.

Dr Judson states that I had written, *"query meningitis"* in the notes and that I *"thought it was meningitis"* [TX 669].

He states that because of this I should have performed a lumbar puncture. TX670 L3

I asked him *"Are you sure that I didn't write, 'Exclude Meningitis'?"* He replies confidently, *"No. You had written in the notes that you had queried that this was meningitis"* [TX 670 L7].

Dr Judson was wrong.

Dr Judson states that the patient had presented with a fever when I had seen him which was also incorrect.

When asked what he means by fever, he correctly defines it as an elevated temperature 37° C. [TX 669]

JY's temperature throughout that evening was 36° C, which is a normal temperature.

When Dr Judson was asked whether the time that I had observed JY in the Emergency Department was acceptable so as to determine whether his clinical picture would improve or deteriorate, he was quick to reply *"I'm afraid I wouldn't consider that, to be under any stretch of the imagination the appropriate way to observe someone"* (TX 677.10-12). He refers to "that" meaning "the amount of time JY was observed" implying that he knew what that was. When asked whether he knew the amount of time I had observed JY before his departure from the Emergency he said *"I think the patient came in reasonably late at night and went home, I think a little after midnight"* (TX 670.34-36).

This was a specific answer that was clearly incorrect.

The Medical notes reveal that this patient presented to the Emergency Department at 4am in the morning and left at 9am.

Clearly Associate Professor Judson had no idea as to the facts of the clinical presentation of JY and his expert opinions were valueless.

## EXPERT WITNESS EVIDENCE

Professor Judson's evidence was at odds with the opinions of the other three Expert Witnesses( Professor Paddy Dewan, Dr Arthur Papagelis, Dr Zalman Rosenblum).on all of the issues that were before the court.

The following was a submission that was made before the District Court;

*'To refer to case R.W Miller and Co Pty.Ltd versus Krupp (Australia) Pty. Ltd(1991)34, NSW:HR at 130-131 per Giles J:*

*'An expert may give opinion evidence where the opinion is relevant.*

*The distinction between fact and opinion and what is opinion evidence, are not particularly clear, but for present purposes I think opinion evidence can be described as evidence of a conclusion, usually judgement or debatable, reasoned from facts'.*

Professor Dewan, Dr Rosenblum and Dr Papagelis are of the opinions that the Appellant has reached the level of competency and achieved an adequate amount of training for general registration. .

They all say that they see no reason why the Appellant should not be granted this registration.

Associative Professor Judson's opinion was at odds with the opinion of the other three experts on all the issues before the court and in this instance believes that the Appellant requires further internship training.

Associative Professor Judson;

- ▼ Draws an unacceptable distance between fact and fiction.
- ▼ Misinterprets the facts of the complaints.
- ▼ Relies on hearsay evidence, contradictory evidence and unsubstantiated evidence to justify his opinions
- ▼ Fails to give proper weight to the evidence before him
- ▼ Fails to acknowledge common practices by doctors in Hospitals
- ▼ Is inconsistent in his reasoning
- ▼ Makes incorrect assumptions and then uses them to form his opinions

Professor Judson's opinion that the Appellant requires further training is a result of bias and should be set aside.

*Further, Associative Professor Judson was obtained as an expert witness by the . Appellant's former barrister without her consent.*

*Dr Judson's report was given to the solicitors acting for the Board without the appellant's knowledge and consent. In fact even before the appellant knew of the existence of this report.*

*A complaint against the barrister who submitted the Judson report before the court is currently under investigation with the Victoria Barr Ethics Committee.*

*For the above reasons it is submitted that Dr Judson's opinions should not be given any weight in determining this appeal".*

During the Court Hearing I objected to the Judson evidence.

I said to the Judge *"It (the Judson Report) was given to the other side by my previous barrister, a senior barrister, without my consent, and that's currently under investigation right now at the Victorian Bar"* [Day 7 TX 624]

After cross-examining Dr Judson during the District Court Hearing I said to the Judge;

*'But my point is your Honour that he (professor Judson) did not read the notes clearly and accurately before formulating his opinions'.*

His Honour replies *'The doctor made his point. He doesn't agree with you. And I don't think he will ever agree with you'* [TX 679,680]

In relation to Dr Judson's evidence the following is stated in Judge Wall's Judgment:

**"Associative Professor Judson (Royal Melbourne Hospital) was retained by the appellant to provide a report on the material considered by the board... He was not called by the Appellant but by the Board.**

**The Board submitted that Professor Judson's "views should carry great weight".**

**The Appellant submitted that I should reject the evidence of Professor Judson because it was second hand, based on hearsay, contradictory and unsubstantiated, that he had misinterpreted the facts, that he gave disproportionate weight to certain evidence, was inconsistent in his reasoning and made incorrect assumptions.**

**I do not accept this criticism or the reasons given by the Appellant in support of it.**

**I found Professor Judson reasoned and measured in his approach in his approach and his evidence was entirely consistent with other evidence, which I accept.**

**I have no reservations in relying upon what he said.**

**I do not think there is much difference in substance between what he said and what Dr Papagelis and Rosenblum said".**

His Honour failed to disqualify Dr Judson's evidence..

## THE PSYCHIATRIC ISSUE

There was an enigma associated with the psychiatric issue that was before the Court Hearings of my case.

During the District Court Hearing, the Queensland Medical Board said-*"She does have a psychiatric problem"* [TX 180]

But then during the same hearing said *"But what I want to make plain to your Honour and Ms Tsigounis is we are not saying there's a psychiatric illness, I'm not submitting that Ms Tsigounis has any psychiatric condition or illness* [TX 1266]

The Queensland medical board's case during the hearing was that the psychiatric conditions followed through from Victoria.

Despite this the Queensland Board did not include before the court the psychiatric reports which resulted in the psychiatric conditions in Victoria. On the third day of the District Court Hearing, just as I was beginning to lose hope, the Judge's eyes changed in quality and emitted a certain light. As he met my gaze with his laser like focus he made a leap towards truth. He demanded to see the information that resulted in the psychiatric issue in Victoria and asked to see the Victorian psychiatric reports that were before the Victorian Medical Board.

The following is a section of the transcript during the court hearing;

*His Honour: Now that leads into the next matter I wanted to rise, and that relates to Dr D Kippax's report< the doctor refers to a report from Dr Elanor Flynn and a report by Ass> Prof. Judd> I havn@t been able to find those in the material... also the psychiatric reports by Dr Ranvier Sood And Dr Michael Piperoglou... Now I've not been able to find any of those reports in the material.*

*I was just concerned to identify as much as possible of the material that was before the Medical Board when it reached its decision in this case It just seems strange if the Board considers Dr Kippax@s report but not the material that she has referred to in her report and perhaps relied upon.*

*Mr Tait: Your Honour if Ms Tsigounis feels she is in any way disadvantaged by the source reports not being before you < I will take*

*instructions on whether I would oppose it. But having not seen them myself...*

*His Honour:* Yes.

*Mr Tait:* But if Ms Tsigounis wants those other documents to be seen by you, I shouldn't imagine we'd have any difficulty about it.

*Appellant:* I have no objection to Judge Wall seeing all of those documents.

*Mr Tait:* Well, I'm not going to—I'm just making it plain, I'm not tendering[giving them to the judge to include as evidence] them because I don't—it wasn't part of the original material and it's not my case there is a psychiatric impairment that I'm concerned about.

*But if she wants to—if Ms Tsigounis wants to put them in, we can discuss it.*

*Appellant:* I'm quite happy to open Pandora's Box.

Psychiatric evidence was allowed before the court

Psychiatric material was discussed as a subject of the appeal

Submissions were made in relation to the psychiatric issue.

Despite this, the District Court Judge states that he will not make a decision on the psychiatric issue.

He gives reason that 'the psychiatric issue was not a subject of the appeal'.

And 'there was no appeal against the probationary conditions [page 5, par 2, 4. Judgement 12 July 2005] and that 'no argument on the appeal was directed to variation of any of the conditions attaching to the Appellant's registration' [page 6, par 1].

His Honour was grossly mistaken.

The initial claim to the Court, *The Notice of Appeal* states the following; 'The Appellant's probationary registration be reinstated for a further period pursuant to s94(1)(b) (ii) of the Act or that the Appellant's probationary registration be reinstated but that the probationary conditions be removed pursuant to s 94(1)(a) of the Act'.

Further there was no consistent logic in the Judges argument as he proceeds to publish his judgement his own psychiatric diagnosis based on his observation of me.



He states that he believes I have a **'personality defect'** [Judgement]

In fact he publishes the following in his judgement; **'Generally I think she behaved in a way entirely consistent with the diagnosis of Dr Kippax of a paranoid personality disorder and she exhibits those concerning traits which worried Associative Professor Judson'** [234]....

**'She (the Appellant) appeared to have diminished and flawed insight and judgement in relation to what seemed to me to be relatively straight forward matters where there was a preponderance of credible evidence against her position'** [227]

**'She thinks everyone is against her and has conspired to bring her down(nowherein the evidence did I state this or use the word conspiracy).**

**She put the following question to Dr Rosenblum (1179) which I wouldn't let the doctor answer 'What would you say if a medical board made a decision against a doctor and cancelled their registration based on false complaints?'** [237]

**In my view the evidence in all respects confirmed the earlier opinions of Associative professor Judd and Dr Kippax.**

**I agree with their opinions. My observations of the Appellant are also consistent with those opinions.**

**She does have difficulty dealing with stress'** [240]

His Honour then minimises the psychiatric conditions placed on my registration by the Queensland Board and states the following (Judgement):

**'That she submit to the medical supervision of an experienced general practitioner and attend for treatment by a psychiatrist of her choice at a frequency determined by the treating psychiatrist and that she work only in a supervised position approved by the Board'.**

The effect of this tortuous, inconsistent and paradoxical approach by Judge Wall to the psychiatric issue reveals a consistency of intent.

As Senior Counsel Tony Morris said during the Supreme Court Appeal **'His Honour(judge Wall) publishes offensive and defamatory psychiatric findings that he himself acknowledges had no legal outcome in the proceedings'.**

Further to this, by making a decision not to decide on this issue, Judge Wall

imposes the same psychiatric conditions on any further registration I may have as a doctor that the Queensland Board had initially imposed. His Honour does this without revealing in his judgement the true nature of these conditions.

Judge Wall fails to apply the laws to my case and misrepresents the evidence with intent to pervert the course of justice.

That would mean he behaved criminally under Australian Law.

The following are the errors of law that were put before the Higher Court in relation to Judge Clive Wall's (primary judge) conduct of my case;

- **An error of law occurred where the primary Judge failed to apply the Briginshaw standard**
- **An error of law occurred where the primary judge accepted that the Briginshaw standard was the standard to be applied, however failed to apply it.**
- **An error of law occurred where the primary judge even failed to apply the civil standard of proof**
- **An error of law occurred because the primary judge was prejudicial towards the Appellant.**  
**There was a denial of natural justice and procedural fairness resulting in an unfair trial.**
- **The Lower Court (District Court) addressed the wrong issues**
- **The Lower Court erred in not determining breach of statutory duty by the Medical Board.**
- **An error of law where the primary judge acted beyond his powers when making a psychiatric diagnosis of the Appellant based on his observations of her.**
- **An error of law occurred where the judge failed to exercise his powers and decide on the psychiatric issue.**

## CH. 9. JUDGEMENTS OF THE HIGHER COURTS

*"I will assist a Companion Royal Arch Mason when I see him engaged in any difficulty, and will espouse his cause so far as to extricate him from the same, whether he be right or wrong"*

[Malcolm C. Duncan,  
Duncan's Masonic Ritual and Monitor, p. 230]

The function of the Supreme Court, Court of Appeal as stated by Justice Keane in the Supreme Court judgment is as follows:

**"Leave to appeal to this court from the District Court will usually be granted under s 118(3) of the District Court Act 1967 (Qld) only where the decision below has occasioned a substantial injustice to the Applicant for leave, and where there is a reasonable argument in support of the Applicant's claim to relief. Because of the limited function of this court on appeal in the strict sense applicable here, the latter requirement means that the Applicant must be able to identify an arguable error of law in the decision below which, if corrected, would result in the correction of the substantial injustice".**

**"The Applicant was, therefore constrained to argue that the proceedings below miscarried because of errors of law" [53]**

### STANDARD OF PROOF ISSUE

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The Supreme Court Judges found that the standard of proof required in the determination of my case was not the Briginshaw standard, therefore Judge Wall made no error of law when he did not apply it to my case {Tsigounis v Medical Board of Queensland 2006 QCA 295 at paragraphs 75-79}

In concluding that the Briginshaw standard did not apply, Keane J said the following in the judgement

**“did not involve a serious consequence , such as striking off a registered medical practitioner whose entitlement to practice has previously been established . Rather the case was concerned with whether the applicant had completed requirements necessary to be granted unconditional registration” {Para 76-77 of Tsigounis v Medical Board of Queensland [2006] QCA 295 (15 August 2006)}**

Long-standing principles and laws that have consistently been applied to cases like mine were not applied in this case.

It was as if, the judges, when judging my case had a momentary lapse of madness.

The Supreme Court Judges agreed with the District Court Judge that I had not satisfactorily completed internship requirements, a conclusion, they say that was **“supported by the evidence” [Judgement]**

In relation to the most serious of the Board’s complaints, “the meningitis patient” Justice Keane states **[Judgement]**

**“the Applicant’s inability to provide a coherent account of her management of JY supports a finding, based on the evidence which His Honour (Judge Wall) accepted, that her management of JY was distinctly unsatisfactory” [87]**

## NATURAL JUSTICE AND PROCEDURAL FAIRNESS ISSUE

Tony Morris (QC) made the following submission before the Supreme Court.

*“His Honour fell into error by denying the Applicant legal representation and by not offering the Applicant an adjournment to obtain legal representation.*

*“On day one of the hearing, 28 August 2004, Mr Franzese, a legal practitioner in Victoria but not in Queensland appeared for Dr Tsigounis.*

*Mr Franzese was uncertain whether his professional indemnity insurance covered legal practice in Queensland, as required pursuant to s 74 of the Legal Profession Act 2004 (Qld)*

*A grant for leave to appear to Mr Franzese pursuant to s 52 of The District Court of Queensland Act 1967 was opposed by the Respondent, and refused by the learned primary judge.*

*Having regard to the gravity of the complaints and the likely impact on Dr Tsigounis’s livelihood and reputation, the learned primary judge ought to have informed Dr Tsigounis of the availability of an application for an adjournment in order to secure legal representation. Instead the learned primary judge was involved in the following exchange with Dr Tsigounis:*

**His Honour:** *But Ms Tsigounis, do you realise that you’ll have to conduct the case yourself?*

**Appellant:** *Well, I have no choice?*

**His Honour:** *Well I don’t think you do. I-I don’t think you do have a choice.*

*These remarks are tantamount to a refusal to an application for adjournment.*

*The result was that Dr Tsigounis appeared in person on days 1, 2 and 3 of the hearing-23 to 25 August 2004- at which point the case was adjourned to a date to be fixed.*

*The prejudice was significant and incurable. On days 1 and 2, the Board called Dr Gellar, Dr Coley and Dr Ashley, whose*

*evidence was central to the most serious of the complaint, that concerning the “meningitis patient”.*

*On day 1 at 4.01 pm, the Board called Nurse Struthers out of sequence in the witness list. Dr Tsakoumis objected and sought an adjournment at least until the following morning on the basis that she did not know she would be “acting as solicitor today, and I certainly haven’t prepared”.*

*The learned primary Judges response was that Dr Tsakoumis had “to be ready for changes like that”. It is submitted that His Honour fell into error by rejecting an application for adjournment in respect to the evidence of Nurse Struthers.*

*On day 1, at the conclusion of the evidence of Nurse Struthers, the Board called Dr Gellar, again out of sequence. Again, Dr Tsakoumis objected to Dr Gellar being called out of sequence, as she was having her solicitor attempt to engage counsel and was not prepared.*

*The learned primary Judges likely attitude to an adjournment application is seen in the following response to Dr Tsigounis’s objection to calling Dr Gelhaar out of sequence.*

*His Honour says “I’d hate to think what’s going to be counsel’s first request tomorrow morning, if you do get counsel”.*

*On day 1, evidence was given by Nurse Bailey, and on day 3 by Nurse Buldo, that evidence being crucial to complaints related to the cannulation of children.*

*The denial of legal representation not only had the result that Dr Tsigounis was unrepresented whilst evidence was adduced from some of the most critical witnesses for the Board. It also had the consequences that the learned primary judge formed an impression of Dr Tsigounis that exceeded an evaluation of her evidence, and was influenced by the manner in which she conducted the case as an unrepresented litigant, unfamiliar with court procedure and lacking legal training and knowledge of evidence, a situation in which she was understandably overwhelmed.*

*The effect of the learned primary judge having (practically) forced Dr Tsigounis to represent herself- including his Honours having (practically) forced Dr Tsigounis to cross-examine eminent expert witnesses, and witnesses called out of sequence, relevant to what the Board characterised as the “key issues”- was to deny her any semblance of a fair trial.*

*That should be enough, in any case for appellate interference. But this case was much stronger, given these additional factors.*

*First, that Dr Tsigounis was not to blame for the situation.*

*Secondly, that Dr Tsigounis- as an aspiring member of the medical profession –was placed in the invidious position of cross-examining, not only her colleagues, but also her supervisors and professional superiors.*

*Thirdly, that witnesses called out of turn, which is a difficult situation for even experienced counsel. But impossible for a lay person who has not prepared to conduct cross-examination.*

*Fourthly, that the case presented for the Board was not (for the reasons outlined) characterised by the transparent fairness which is expected of prosecuting authorities in our legal system.*

*Fifthly, that the factual issues- and especially the issues canvassed in the expert evidence-were of a high order of complexity.*

*Sixthly, that the procedural and legal considerations were also more than ordinarily complex.*

*Seventhly, that (for the reasons canvassed above) the learned primary judge exacerbated the situation by;*

*(1) Misconceiving the relevant issues; and*

*(2) Addressing issues which were not properly before him*

*To put the matter rhetorically: How can Dr Tsigounis be expected (as a lay advocate representing herself) have understood and addressed the real issues, when his Honour did not, and could not.*

*Eighthly, that the learned primary Judge was (with respect) less than rigorous in his Honour’s observance of the rules of evidence, for example admitting and acting upon hearsay where it*

*was prejudicial to Dr Tsigounis\* - the most striking example is Dr Balanathan's evidence, but, on other occasions, rejecting hearsay, including hearsay which may have been beneficial to Dr Tsigounis.*

*Ninthly, the delayed nature of the complaints- combined with the fact that the Board was less than assiduous in investigating complaints promptly; nor did it inform Dr Tsigounis of complaints against her at a time when she could have responded to them effectively- created a situation which would have been taxing even to experienced counsel, let alone a selfrepresented litigant.*

*Tenthly, the extent of intervention of the learned primary judge\* - almost invariably in favour of the Board, which was represented by senior counsel created an extraordinary awkward situation for an experienced advocate attempting to represent herself.*

*Eleventhly, the course of the proceeding unfairly exposed Dr Tsigounis to a situation in which she should never have been placed; a situation in which her performance as an advocate was evidently relied on by the learned primary judge in:*

*(1) From her cross-examination of witnesses in relation to clinical issues, assessing her own clinical competence; and*

*(2) From her performance at the Bar table (rather than in the witness box), forming his own amateur diagnosis of a psychiatric condition («personality defect», «limited capacity for self-examination»)*

*Case Law was cited as to the governing principals concerning adjournment and fair trials.\**

The Supreme Court concluded the following in relation to this issue (Judgment)

**"A party to litigation is entitled to a sufficient opportunity to enable everything to be said that could be said in his or her favour, but a party is not denied a fair hearing because of the absence of legal representation if she chooses to be unrepresented". [57] [Sth Australia**



**v O'Shea (1987) 163 CLR 378 at 405; Haoucher v Minister for Immigration and Ethnic Affairs (1990) 169 CLR 648 at 600-661]**

**In my opinion, this court cannot conclude that the reason for the Applicant being unrepresented was that she was denied a reasonable opportunity to be legally represented had she so desired"[58]**

And further that;

**"There is little prospect that the natural justice contention could be accepted" [56]**

**"The contention that the Applicant was denied a reasonable opportunity to obtain legal representation is farfetched" [68].**

**"After the first day the Applicant did not seek any further adjournment" [ ]**

**"It was never suggested to the Judge (District Court Judge) that the Applicant was legally unrepresented for reasons other than her own choice to dispense with the lawyers she engaged from time to time"[56]**

**"There was no explanation given to the District Court by the Applicant as to why the applicant was not represented by counsel, rather than Mr Franzese at the commencement of the hearing" [61]**

**"The appeal record contains material introduced by the Applicant before this court containing details of her complaint to the Victorian Barr Ethics Committee about the conduct of Mr Dreyfus QC of the Victorian Bar.**

**The Applicant came to a strong dissatisfaction with Mr Dreyfus' preparation of her case, and was disposed to give effect to her own view of things notwithstanding that a contrary view had been taken by eminent Senior Counsel. [61]**

**There is no evidence that she did not receive appropriate legal advice from Mr Dreyfus" [63]**

## MEDICAL BOARD MALICE AND FRAUD

The Supreme Court Judges found: [Judgement]

**"In relation to the allegation by the Applicant that the Board's process was vitiated by procedural unfairness involving misconduct, and indeed fraud it is stated that there is no basis for this assertion that is apparent in the evidence. There is no reason why the members of the Board would be disposed to engage in fraudulent conduct. This assertion has no basis".**

**"That the District Court Judge erred in assessing the evidence in that he failed to take into account the demonstrable malice of witnesses who gave evidence against the Applicant is once again rejected as true. Far from malice being demonstrated, it is not apparent that any witnesses bore such ill-will towards the Applicant that it might have been a reason for giving false evidence against her".**

## CHRONOLOGY OF EVENTS BY THE SUPREME COURT JUDGES

The Supreme Court Judges perpetrated the same factual errors made by the District Court Judge.

Firstly they state that the Board's decision was made under s 94 of the Act. (Wrong)

The following is the chronology of events cited by the Supreme Court Judges. It reveals further judicial fraud aimed at covering up the statutory incorrect procedure by the Medical Board.

**28/05/02**

Registration given by the Medical Board of Queensland and an Information Notice issued.

**11/06/02**

The Applicant commences work at the Townsville Hospital as a Resident Medical Officer.

**21/01/03**

Extension of Internship by the Medical Board of Queensland so as to complete a further 12 weeks of surgery.

**17/04/03**

The Applicant applied to the Board for unconditional registration and completion of internship requirements.

**11/06/03**

The June 11<sup>th</sup> Show Cause Notice by the Medical Board of Queensland.

**13/08/03**

The Applicant made a response to the above Show Cause Notice.

**16/12/03**

The Applicant applied for restoration of registration.

**27/01/04**

Restoration of Registration *and decision* by the Medical Board.

**10/02/04**

A second Show Cause Notice by the Medical Board.

**12/03/04**

A response made to the above Show Cause Notice.

**23/03/04**

A Decision made by the Medical Board (the decision that was appealed).

Examples of falsification of specific documents by the Supreme Court Judges are as follows:

The Supreme Court Judges state that document dated 27/01/04 was a *decision* made by the Medical Board of Queensland and they say, "*and why wasn't that decision appealed?*" (Supreme Court transcript)

This document was clearly a restoration of previous registration document and not a decision by the Board as was previously and correctly stated by the Medical Board, Mr Dreyfus and the District Court Judge.

This falsity not only serves to cloud the delayed and statutory incorrect

Medical Board procedure but also to shift the blame of an unacceptably delayed process onto me.

*Why didn't I appeal the decision that was made in January of 2004?*

In relation to the application I made to the Board on the 17<sup>th</sup> April 2003, the Supreme Court judges state the following:

*"At about this time, however the Board became aware of, and caused to Investigate Complaints about the Applicant's performance at the Townsville Hospital.*

*In particular Dr. Balanathan who gave an unsatisfactory report"*

This is a false statement and does not consider the true timing of the events. As of the 17<sup>th</sup> of April 2003 (in fact as of 15<sup>th</sup> May 2003) there were no complaints, statements or bad reports (see chapter one).

In fact all internship reports and other assessments were excellent.

It was only when Dr K Yuen from the Medical Board visited the Hospital to Investigate did complaints surface (see June 11<sup>th</sup> Show Cause-chapter one).

Dr Yuen had talked to Dr Balanathan during her visit.

It was only after this, and after I had left the Hospital, that the *Balanathan Internship report* come into existence.

This statement by the Supreme Court Judges serve to cover-up the solicitation of complaints by the Board after I resigned from the hospital.

### ***DIVERSION FROM THE REAL ISSUES***

The Supreme Court Judges said that even if this appeal was determined in my favour it would make no difference to my registration status as a doctor at the present time because of the "*recency to practice*" issue. [Judgement] The "*recency to practice issue*" refers to the fact that I had not worked as a doctor for three years and for three years I was not registered under *the Act*.

For this further reason they say, it is irrelevant to determine my appeal.

Justice Keane states, "*The expiration of the Applicant's registration and the subsequent lapse of time, mean that the Applicant's registration cannot now be restored by the Board*".

*"The only way the Applicant can now be registered is by a fresh application to the Board [55]"*

*"The question of the Applicant's registration is now one for the board to decide afresh upon a new application. [Judgement]"*

The "recency to practice" issue is clearly a separate issue in *the Act* and refers to any doctor that has not practiced for a period of time.

The Medical Board may then place specific conditions on the doctor's registration including attending various seminars or working under some form of supervision for a time frame.

It does not determine or change the doctor's previous status whether he is an intern, an RMO or a consultant.

The determination of whether I had successfully completed internship requirements, the issue of the appeal, is of paramount importance for any fresh application made to the Board.

With this determined status, the Board under the "recency to practice" section of *the Act*, may attach special conditions to my registration.

This diversion to the issues of the Appeal serve to cloud the real issues and is a case of "*when all else fails try a new approach*".

The Supreme Court Judges conclude the following; [Judgement]

**"Under S71 and S72 of the Act, she was entitled to apply for and be granted a renewal of her registration.**

**The Applicant made no such application and no attempt to comply with the order (apply for a further internship training).**

The supplementary Affidavit that was filed with the court and was before the Supreme Court Judgement clearly reveals that I made numerous applications to hospitals so as to comply with the order.

I was unsuccessful.

### **HIGH COURT**

A ten page document with 150 pages of attachments was filed with the High Court of Australia revealing that the entire legal process was void, that there was judicial fraud and legal and judicial abuse of process. 10 errors of law were put forth before the High Court.

The following is the High Court Decision;

## THE HIGH COURT

TSIGOUNIS V MBQ {2007} HCATrans234 (24/05/07)  
CANBERRA (9.16AM)

Haynes J  
Crennan J

Hayne J: The applicant seeks special leave to appeal to this court against orders made by the Court of Appeal of QLD on 15/8/2006.

By those orders that court (Williams and Keane JJA and Dutney J) refused the applicant leave to appeal against certain orders made in the District Court of Queensland in an appeal to the court from a decision of the present respondent, MBQ, made on 23/03/04, to cancel the condition registration of the applicant as a medical practitioner.

The District Court ordered that the Board's decision that the Applicant "has not satisfactory completed her internship" was confirmed and directed the Board "to extend (her) probationary conditions for a period of one year by requiring her to undertake all of the prescribed internship.

The court of Appeal refused leave to Appeal against this order on the basis (among others) that it could not grant the relief which the Applicant sought because her registration as a medical practitioner had expired on 1/10/04 and, conformity with The Medical Practitioner's Act of 2001, could not be restored without the Applicant making a fresh application for registration.

There is no reason to doubt the correctness of the conclusion of the Court of Appeal. It is not in the interest of justice generally or in this particular case, that there be a grant of special leave.

The Application is dismissed".

At 9.17 the matter was concluded.

Justice Crennan made no comment as to the reasons for her decision. Justices Hayne and Crennan are the two out of the seven High Court Judges that were from Victoria.

Justice Kenneth Madison Hayne was appointed to the High Court in 1997. He graduated from the University of Melbourne and was appointed Queen's Counsel for Victoria in 1984.

Justice Crennan was appointed to the High Court in 2005.

She was appointed as Queen's Counsel in Victoria in 1989.

Justice Crennan was Chairman of the Victorian Bar Counsel in 1993-4 and the Commissioner for Human Rights in 1992.

Australian judges do not have to reveal whether they are freemasons or not.

This is despite the obvious conflict between Masonic and Judicial Oaths, the hierarchical structure of the Freemason organization, the rejection of state justice in favour of Masonic justice and the strength of the bonds between Freemasons.

The Australian Laws regarding appointment of judges allow for freemasonry networks to operate within the System at the cost of State Laws.

It is only when cases heard by Freemason Judges that have revealed severe breach of state laws can one bring to light the *Masonic Interference*.

The prohibition of judicial membership of Freemasons for all the above reasons would be the only way that freemason networks can cease to abuse the process of administration of justice in Australia.

In a book by the Australian Institute for Constitutional Education and Research titled *"Australia: The concealed Colony!"*, Justice Hayne was quoted as saying that it was his task *"to protect the System"* as opposed to protecting the rights of citizens or to justice and the law.

Judge Hayne's made this statement in relation to a decision made in the High Court of Australia dated the 15<sup>th</sup> of December 1998 where Justice Hayne declared that Australia *"had domestic Sovereignty but did not have international sovereignty"*, that is that Australia is still a nation governed as a Colony.

In other words that Australia is governed only by its own rules and not bound by the laws of the Commonwealth!

Six months later on the 23<sup>rd</sup> June 1999, the Full bench of the High Court of Australia ruled that the United Kingdom was a "*foreign power*" under its own legislation, which means that Australia has their own laws, made by the colony's rulers and are not bound by the laws of the Commonwealth.

On 25 February 2000 the full bench of the Federal Court in Brisbane ruled that the people's rights under Magna Carta, the 1688 Bill of Human Rights and the petition of right had no validity in Australia and could not be enforced by the Courts.

It was the above decisions made by our High Court Judges and in particular the above stated statement made by Justice Hayne that led to an application and request to the United Nations by the Australian Institute for Constitutional Education and Research.

The following is stated in this application:

"To establish, within the territory of Australia, an International Tribunal to investigate, with the view to the confirmation of, the allegations contained in this submission and as a result have all Australian Governments at all levels declared, under International law, invalid.

To establish within the territory of Australia an International Criminal Tribunal, to prosecute individuals who have been seen to be aiding and abetting the continuing breach of international law through the application of United Kingdom law within the territory of the Sovereign nation State, the Commonwealth of Australia.

To implement such other procedures as are seen as necessary to uphold the Charter of the United Nations.

To initiate and maintain procedures necessary to ensure the security of people residing both individually, and collectively, in the territory of the Commonwealth of Australia up to until the successful implementation of a Constitution agreed to by way of a plebiscite conducted amongst all mature Australian citizens. To declare Australia's representative at the United



Nations to be persona non grata until such time as a representative is nominated by a government, which validly represents the sovereign and federated people of Australia, that is, the commonwealth of Australia. As in the above publications, a plea to individual members of the International community to plea the cause before the general assembly of the United Nations for the continuance of application of British law by Australia”.

The above stated submission reveals that in Australia those who are exerting power through government structures as well as those individuals nominated to act on their behalf are definable, as agents, foreign to the Commonwealth of Australia, that is they do not have to comply with the laws of the Commonwealth.

The situation in Australia where human rights have not been adequately protected by even our High Court Judges has been stated to degenerate to a stage where a breakdown in law and order with associated violence is entirely predictable and that citizens of Australia are crying out for urgent and corrective action.

Justice Kirby one of our seven High Court Judges is known for his active enforcement of Human Rights. He states *“the survival of the rule of law depends, in the end, on a respected and uncorrupted judiciary”* (UN-TI. Judging the Judges. 20/11/2002).

In recent times an insidious form of corruption has arisen from the interaction between the judiciary and the executive as well as the relationship between the judiciary and the legal profession.

The political patronage through which a judge acquires his office, a promotion, an extension of service, preferential treatment, or the promise of employment after retirement, can give rise to corruption if and when the executive makes demands on such a judge. [The Brisbane Institute.] Judging the Judges not easy. 20/11/2002. By Dr Nihal Jayawickrama, co-ordinator of the United Kingdom-sponsored Judicial Integrity Programme}

It appears that judicial corruption is rife in Australia and our Judges have lost focus in serving justice and the people.

There have been numerous cases over the past 10 years where known criminals within the state of Victoria are used by either the Victorian Police or the Victorian Government to give false evidence against innocent people who have attempted to reveal truth against government corruption including corruption within the judiciary.

One case that stands out as an example of extreme judicial corruption is the case involving Raymond Hoser, the author of a number of books involving corruption within the Victorian Police Force and the Judiciary.

The Victorian Attorney General Mr Hulls not only tried to illegally stop the publication of the books by demanding that booksellers and distributors withdraw them from sale but there were also threats that if they did not do so they will be facing charges including imprisonment and fines ("Sun-Herald", Victoria, 9/07/2000)

Mr Hoser had his books published by Victorian Publishers Kotabi Pty Ltd.

Mr Hulls took both Raymond Hoser and the publisher Kotabi to court for "*scandalising the Victorian Judiciary*".

A labour appointed judge; Justice Geoff Eames heard the case at the Supreme Court of Victoria and made a judgment on the 6<sup>th</sup> December 2001. QC Perkins represented Raymond Hoser.

The Judge made a finding that both respondents, Hoser and Kotabi were guilty on one count of contempt by scandalising the courts in relation to the book titled "*Victoria Police Corruption 2*".

The particulars of contempt relate to statements made in the book concerning two county court judges before whom Hoser appeared in criminal proceedings where he made statements that the judges were biased and behaved improperly.

Judge Eames found that the published statements "*did not constitute fair comment made in good faith*".

Mr Hoser said that Justice Eame's judgment was infested with factual and legal errors with an obvious character assassination of Mr Hoser.

Mr Hoser states; "*anyone who challenges a governments version of events and or exposes misconduct, corruption and the like including trying to correct a serious miscarriage of justice faces serious criminal sanctions including jail for doing so*". And "*If you are a raving lunatic who comes out with complete and utter garbage, you can have all the freedom of speech you want. But if you tell the truth in a sane and rational way and people actu-*

*ally listen to you and believe you, you must be locked up so as to protect those who are corrupt in high places”.*

The Victorian Government with its use of his or her own “*labour judges*” tried to paint Hoser as a criminal.

Hoser states that the media in Australia actively suppressed the facts that were before the case.

On the 20<sup>th</sup> December of 2001 Hoser and Kotabi filed a notice of appeal against the Queen (Attorney General, Halls) at the Court of Appeal in the Supreme Court of Victoria pointing out the overwhelming factual errors and legal errors in Justice Eames judgement. (Supreme Court of Victoria. No. 5928 of 2001)

Mr Hoser states that the Government bans books that have been declared as truthful by the defamation law courts because they reveal government or judicial corruption.

The Government then punishes the innocent authors.

A second recent example is the case in Victoria cited as *Family Court vs. Trevor Torney*. It is stated in this instance that allegations of severe corruption within the judiciary were made that were so extreme that any sane or rational person would not believe them.

If Australian judges are not working for the people and the rule of law whom in fact are they working for?

## CH. 10. A CRIPPLED MEDIA

*"Civilisations have never gotten along healthily, and cannot get along healthily, without large quantities of reliable factual information.*

*They also cannot flourish if they are beset with troublesome infections of mistaken beliefs"\*34[Truth]*

Journalist, Hedley Thomas is a senior writer for newspaper "*The Australian*". He won his third Walkley award that year for unveiling the Patel story. He also received special accolade, the Sir Keith Murdoch Award from News Corporation chairman Rupert Murdoch as well as the 2005 QLD Premier's Literary Awards for work advancing Public debate.

Whilst reading the stories about Dr Patel, I felt disturbed at what I was reading .

I felt that he was being persecuted and scapegoated.

Statistics show that there are more than 50 patients killed by medical mistakes every day.

That medical mistakes kill more than 18,000 of Australians, permanently disable 50,000 and cost \$4.17 billion of tax-payers money every year.

It was stated after a medical audit that Dr Patel's error rate was not clearly outside the acceptable limits. (The Courier Mail, June 22, 2005. "More Health, less Urgency" by Nicholas Gruen)

Dr Patel worked in a rural hospital in Queensland where complication rates are known to be higher than in other hospitals as doctors and nurses are overworked and generally give less than perfect health care.

In fact, many doctors in the past had resigned from the Bundaberg hospital because of the impossible conditions they worked under and thus were unable to care for patients appropriately.

Shirley Brooks was one of Dr Patel's "*victims*".

She went in for a cholecystectomy to remove her gallstones.

She said that Dr Patel cut the tube connecting the liver to her stomach instead of cutting the tube connecting the gallbladder to her stomach.

It is likely that the common bile duct was injured during the surgery, one of the complications likely to occur during cholecystectomy, and this complication is included in the standard consent form that the patient signs before the operation.

It was said in relation to another patient (Felice Pirovani) that his chemotherapy for his stomach cancer "was delayed for 8 weeks".

Chemotherapy is the job of the oncologists.

Dr Patel is not an oncologist.

More importantly chemotherapy cannot cure stomach cancer or prolong life.

In another case, Terry Bellamy "entered the hospital for an overnight hernia operation" after his small intestine fell down into his scrotal area.

Apparently he had urgent surgery that night due to small bowel obstruction/strangulation caused by the hernia. Because the bowel was trapped in the hernia, the wall of the bowel became ischemic, enabling bacteria in the bowel to penetrate through the wall. As the wound was contaminated with bacteria, infection was no surprise as was the accusation against Dr Patel..

Also as both vas deferens and the hernia locate in the same anatomical area (within the spermatic cord) "half a vasectomy" may occur during surgery for strangulated hernia.

The surgery is not a "simple" one but a complex life saving surgery.

Without it, Mr Bellamy would have died.

Mr Bellamy also complained that he "developed a blood clot", which is a common postoperative complication.

In the case of Barry Jonson who died of pancreatic cancer in the case of Dr Patel.

Quite often the pancreatic cancers are in the late stage at the time of presentation and therefore are inoperable.

In the case of Ian Fleming who had "inflammation of the colon from diverticular disease".

It is common practice in a public hospital to discharge a patient with wound infection.

Judy Pettitt had bowel cancer and "the hole made for the colostomy bag was too small".

This complication can happen no matter who did the surgery. If the hole is too small, serial dilators may be used to treat the problem.

In the case of Len Boller who said his "cancer has spread to both lungs" since "reversing a colostomy bag operation" by Dr Patel and that he was "now lethargic and in pain" and he "has been diagnosed terminal and may have only days to live".

How did Dr Patel spread Mr Boller's cancer to the lungs. Are surgeons responsible for cancer spread after surgery?

All these complaints against Dr Patel were published by Australian newspapers and aired on national television.

On the 1 May 2005, channel 9, night news broadcasted interviews with Dr Patel's classmates, former colleagues and professors in India.

All of them believed Dr Patel was excellent clinically and academically and questioned what was going on in Australia.

Further, in a published book titled "Dancing with Dr Death" and written by a nurse who had worked with Dr Patel at the Bundaberg Hospital, it was said that much of what was published about Dr Patel was fabrication.

In particular, one patient who had stated had a poor outcome after Dr Patel had operated on his knee had been operated on by another surgeon.

The patient who stated he had a hypodermic syringe left in his abdomen after he was operated on by Dr Patel had also been operated on by another surgeon.

The nurse found it difficult to understand why the journalists reporting such matters did not check with the medical records of the patients for the truth.

In my situation, Malcom Weatherup from the Townsville Bulletin reported the following despite the fact that I had forwarded to him the true information.

On the, 24/8/2004 in an article on the front page of the Townsville Bulletin titled "*What's Up Doc*" the following was reported.

*That I was as a Greek trained doctor (false),*

*That I had sent a patient home with bacterial meningitis (false).*

*That I performed an examination in the tea room where that I placed a speculum into a patient's anus instead of vagina (false).*

On the 25/8/2004, the following was reported

**Townsville Bulletin**  
Edition 1 - WED 25 AUG 2004, Page 007  
*Review to Helen Tsigounis*

A MEDICAL intern fighting the Queensland Medical Board's refusal to register her as a doctor allegedly gave a woman a I swab in a Townsville Hospital tearoom with inadequate privacy and in a medically questionable manner, Townsville District Court heard yesterday.

Helen Tsigounis is challenging a number of complaints made against her which led to the medical board's denial of her registration as a doctor.

Two American doctors, former Townsville Hospital staff, gave telephone evidence from the United States.

Andrew Coley said he had initially given Ms Tsigounis a positive intern assessment but had reviewed the decision some months later when he had worked more with her.

He said his observations led him to question the intern's practical skills and knowledge base.

"I believe Helen is not capable of treating people without supervision," he said.

However, under questioning from Ms Tsigounis, who is acting on her own behalf, Dr Coley was unable to say why he had not made written notes or done a new assessment form noting his concerns.

"I just made a mental note of them," he said.

In answer to a query from Judge Clive Wall, Dr Coley said he was unsure why he did not think it necessary to change the form.

Dr Coley was critical of Tsigounis's diagnosis and treatment of a patient she had sent home but who returned later that day and was found to be suffering from meningitis.

Another American doctor, Julia Ashley, was also critical of the discharge of the meningitis patient, saying it showed a lack of judgment and concern.

"It is inconceivable to make such a diagnosis and not discuss it with anyone else," Dr Ashley said.

She was also critical of the lack of safety and manner in which the I swab was carried out in the tearoom.

Ms Tsigounis asked a series of questions about why initial favourable assessments had been changed.

Both witnesses said other incidents staff had relayed to them had brought about their change of judgment.

The hearing continues today.

**Library Heading:** Doctors Local  
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On the 26/8/2004, the following was printed.

*The surgical registrar of the Townsville Hospital was devastated by the attitude and performance of an intern and had grave concerns about the safety of her work, an appeal court hearing heard yesterday.*

*Dr Shamilla Balanathan was giving evidence in the hearing in which the Queensland Medical Board is defending its decision not to register Helen Tsigounis as a doctor in this state.*

*Ms Tsigounis is appealing the decision.*

*Dr Balanathan said Ms Tsigounis had not completed several of her necessary tasks before she ended her shift and left the hospital, and had also failed to carry out patient care directions despite being urged to do so. On another occasion, Dr Balanathan said the intern had failed to carry out an urgent investigation into why a patient's condition had dramatically deteriorated overnight. She said Ms Tsigounis was never*

*apologetic for errors when they were pointed out to her, and didn't appear to appreciate the seriousness of some situations.*

On the 27/8/2004, the following was reported in the Townsville Bulletin.

*"The woman fighting to be registered in Queensland as a doctor will go to mediation in Brisbane today following a three-day court challenge to the Queensland Medical Board this week.*

*Helen Tsigounis is appealing against the board's refusal to register her because of poor performance assessments while she was working at the Townsville Hospital in 2002/2003.*

*During the hearing, a number of witnesses questioned Ms Tsigounis's professional competence, knowledge, attitude and mental approach to medicine.*

*The medical board has offered to allow Ms Tsigounis to continue as an intern until she is judged suitable for registration, but she has rejected the offer.*

*If mediation does not solve the matter, it may return to court in Townsville but because of a crowded court calendar, not before February next year".*

The following was also published in the Australian press in relation to the psychiatric issue;

Helen Tsigounis, who is battling the Medical Board of Queensland over its refusal to register her as a doctor, said she was stunned to learn a psychiatrist had diagnosed her with paranoid personality disorder.

The Court had already heard that when Ms Tsigounis was hired as an intern at the Townsville Hospital in 2002, she agreed to the special conditions that she regularly see a nominated psychiatrist.

The Hospital placed the conditions on her employment after it was revealed she had been dismissed from a similar position in a Melbourne hospital and could not find a job in Victoria.

Under questioning from David Tait, counsel for the Queensland Medical Board, Ms Tsigounis repeatedly avoided answering whether she thought there was a conspiracy against her .....



Rupert Murdoch is in control of the mainstream media, newspapers and television in Australia..

He is also an illuminati.

If reporting the truth is not the primary goal of the Australian media what are they in fact doing and for what reason?

I wrote to politicians, ministers, premiers, senators and the prime minister in relation to my situation in 2004 and 2005.

The following letter was forwarded to the Hon. Bronwyn Pike, the state health minister of Victoria and the Hon. Tony Abbott, the Federal Minister for Health.

Dear Sir/Madam,

My name is Dr Helen Tsigounis and I am a medical graduate from Monash University in Victoria.

I am seeking assistance in a matter relating to me obtaining full registration as a doctor after completing my Internship training.

I completed my Internship at Townsville Hospital in Queensland on January of 2003. I received excellent references from my supervisors and a recommendation for registration from the Townsville Hospital which were forwarded to the Queensland Medical Board upon my application.

The Board made a decision to extend my internship for another 3 months which I complied to.

I then again applied for general registration with excellent references from my supervisors in all areas.

I was promoted to RMO (second year doctor) by the hospital and was offered re-employment for another year.

There were numerous delays by the Board in processing my Application and I resigned from the hospital on the 12 May 2003 to pursue the issue with lawyers from Melbourne.

Letters were written by my lawyers to Senator John Hogg and to the Queensland Ombudsman in relation to the prolonged delays by the Medical Board in deciding my application.

In June of 2003 the Board presented me with a show cause notice giving reasons why they not only not grant me my general registration but were thinking of cancelling it altogether barring me from the Medical profession.

I am concerned that what was presented to me as complaints were complete fabrication.

I am concerned that the Board disregarded the formal assessments and

letters completed by the Townsville Hospital.

I am also concerned that the Medical Board has acted against the law and despite this they are continuing this process without fear of the law...

I believe that I will not get a fair hearing.

I seek your assistance in this matter and am forwarding the material that was wrongly relied upon by the Medical Board.

I am also forwarding letters from my expert witnesses Professor Paddy Dewan, Dr Zalman Rosenblum and Dr Arthur Papagellis.

Helen Tsigounis.

The Honorary Tony Abbott forwarded to me a letter stating "Your comments and concerns have been noted; however, as the matter falls within the portfolio responsibility of the Victorian State Minister for Health, the Hon Bronwyn Pike MP, I have forwarded your letters to her office for appropriate action".

The Hon Bronwyn Pike did not act on these concerns nor did I receive a letter of reply.

I then forwarded the following letter to the shadow Minister of Health in Victoria the Hon. David Davis MP.

*Dear Sir,*

*My name is Dr Helen Tsigounis and I am a medical graduate from Monash University in Melbourne.*

*I am seeking assistance in a matter related to my registration in which the Hon Bronwyn Pike is aware of.*

*I was blacklisted by the subdean of medical school, Dr Michael Oldmeadows whilst a student.*

*I have had ongoing problems since.*

*Dr Michael Oldmeadows had a long history of black-listing medical students of ethnic background.*

*I am forwarding to you the most recent letters written to the Hon. Tony Abbott MP and to the Hon. Bronwyn Pike in relation to my current situation.*

*It is the opinion of the Federal Health Minister that my case lays within the jurisdiction of the Victorian Health Minister.*

*I have not had any response from the Hon. Bronwyn Pike.*

*I am concerned that there has been “pressures” to cover up mistakes and proven false information used by the Medical Board of Queensland against me and there have been pressures on my employed solicitors to pervert the course of and obstruct justice.*

*I am a doctor that has been deregistered based on proven false complaints.*

*There have been numerous attempted cover-ups involving both the medical and legal avenues.*

*It is of concern that the concept of division of powers in our country is at risk.*

*I am forwarding also a letter by Professor Paddy Dewan.*

*Please assist in this matter.*

*Thank You*

*Helen Tsigounis.*

I received no letter of reply from the Hon. David Davies.

I wrote to the leader of the opposition in Queensland, Lawrence Springborg.

His reply to my letter dated 8 December 2005 is as follows;

Dear Dr Tsigounis,

I refer to your previous correspondence in connection with your experiences with Queensland's Health System and the Queensland Medical Board. I am very sorry that you have been forced to endure such difficulties.

As you would appreciate, I have received many letters expressing serious concerns about the inadequacies of the health system and its failure to meet the expectations of Queenslanders.

Initially I anticipated the Bundaberg Hospital Commission of Inquiry would have been in a position to investigate these concerns as Commissioner Morris believed the Commission's Terms of Reference did not delimit investigation. However with the demise of the Morris Inquiry, and the subsequent constitution of the Queensland Public Hospitals Commission of Inquiry, the government did not provide the Terms of Reference for Commissioner Davies to investigate the various concerns presented to the Commission either by me or directly by many people.

In September (2005), Commissioner Davies wrote to the Premier advising that any expansion of the Commission's Terms of Reference would need to include investigations into numerous hospitals including Cairns, Townsville, Charters Towers, Gold Coast, Redcliff, Mount Isa, Princess Alexandra, Royal Brisbane and Woman's, Toowoomba and the Mater in Brisbane as well as the mental health units in almost all hospitals in Queensland. Unfortunately the Premier decided to disregard the opportunity to thoroughly investigate the identified faults and problems of the State's health system preferring to contain the difficulties to the Bundaberg Hospital.

I am sure you will agree with me that the Premier's actions are not justified as each and every complaint is valid and needs thorough investigation. Consequently, I have written to the Premier placing the onus upon him to ensure that your concerns, and the concerns of many others, are fully investigated and that you see evidence of that investigation to ensure that it is thorough and that Caesar does not judge Caesar so to speak.

It is my earnest hope that the Premier recognises his duty of care to you and the many other Queenslanders and that he engages in the appropriate course of action. I believe it is imperative that all complainants are treated with respect as it is integral to the restoration of public confidence and trust in the public health system.

For your information I have enclosed a copy of my letter to the Premier.

Yours faithfully

LAWRENCE SPRINGBORG

*Leader of the Opposition.*

The following was Mr Springborg's letter to the Premier of Queensland, The Hon. P Beattie MP. It was dated 23/11/2005

Dear Mr Beattie

On 21 September 2005, the Commissioner of the Queensland Public Hospitals Commission of Inquiry, the Honourable Geoffrey Davies AO, wrote to you providing four possible courses of action which could be taken in relation to the investigation of complaints about Queensland public hospitals and associated health services.

In that letter, Commissioner Davies advised that any expansion of the Commission's Terms of Reference would need to include investigations into numerous hospitals.

It is most unfortunate that despite four options being provided by Commissioner Davies and genuine urging by the Opposition, the government decided to disregard the opportunity to thoroughly investigate the identified faults and problems of the State's health system. Similarly it is most unfortunate, that those Queenslanders who expected their government to provide quality professional services, particularly health services, are not going to have their respective complaints about the health system independently investigated.

Even though the government decided to disregard the expectations of those Queenslanders, the complaints nevertheless remain active. You should have no dispute with the fact that each complainant deserves to see evidence that their respective complaint is thoroughly investigated and the identified problems addressed.

To assist in that regard, I have enclosed copies of complaints that I have received in my office this year to date which are still unresolved. Most of these complaints were forwarded to the Morris Inquiry by way of a Confidential Submission, or forwarded directly to the Commissions of Inquiry (Morris and Davies) by the complainants. At this juncture, I must state that this compilation of complaints are not all the concerns about the health system that have been received in my office, but merely complaints which could have been addressed under the Terms of Reference of the Bundaberg Hospital Commission of Inquiry.

As you will note the number of complaints are significant and they are a sad indication of the demise of

the health system across the state. The problems also expose the unsatisfactory and disappointing nature of the government's attempts to corral criticism of the health system to the Bundaberg Hospital only. You are fully aware that the health system's problems are far greater than those publically uncovered at Bundaberg and that those problems indicate serious systemic failures of management. Similarly, you should also be aware that the implementation of the Forster recommendations will not resolve the issues and concerns presented in the enclosed compilation of correspondence.

It is my earnest hope that you give each complaint your serious attention and set in train proper and thorough investigation of these complaints. If public confidence and trust to be restored in the public health system, it is imperative that complainants are treated with the respect they deserve and that their concerns are dealt with efficiently and appropriately.

I look forward to your response and I trust you will be able to provide a positive strategy which outlines how you will deal with these numerous complaints.

Yours Faithfully  
Lawrence Springborg.

I also wrote to Premier Beattie outlining the issues and forwarded supporting evidence.

Premier Beattie did not respond.

After the High Court decision in 2007, I forwarded the following letter to the Federal Attorney General, the Hon. Phillip Ruddock MP.

Dear Sir,

I am an Australian doctor that has been the subject of a

highly orchestrated destruction of my career from within the Australian System.

There appears to be a Masonic link to the events.

The events were triggered after I was blacklisted in Victoria.

There is a file in relation to this blacklisting that lies with the Victorian State Government which I have been unable to obtain despite repeated Freedom of Information requests.

I have had false, malicious complaints made against me which resulted in me being deregistered.

The legal process on all levels was flawed and involved failure of Australian Judges to apply the standard Australian laws to my case.

10 errors of law were put before the High Court including Statutory Breach of duty by the Medical Board with malicious motive.

Judge Haynes from Victoria refused the application without giving reasons to the arguments posed before him in the document.

The situation is complex.

The first legal team I employed included Senior Counsel Mark Dreyfus from Victoria who was employed to prepare and conduct the District Court Hearing which was to take place in Townsville.

Mr Dreyfus withdrew from the case a few days before the hearing after a 10 month employment and after having received money upfront for the hearing.

This resulted in circumstances where I had to represent myself.

Mr Dreyfus had tried in many ways to sabotage my case.

A complaint was made to the Victorian Barr Ethics Committee, and despite the evidence presented was dismissed.

The solicitor that was employed with Mr Dreyfus, Leone Brassier from Victoria also withdrew from the case. She then



issued me with a fraudulent tax invoice which, amongst other things, billed me thousands of dollars for agents in Brisbane, Flower and Heart, which she did not use.

She then used this tax invoice to bankrupt me.

A complaint made to the law institute was dismissed despite evidence to support severe misconduct by Ms Brassier.

I have spent to date over \$600,000 for a legal process that did not follow or adhere to the standard Australian Laws.

It appears in this case that law and justice have been sacrificed.

Enclosed are the following documents:

- (i) *The High Court Document*
  - (ii) *Outline of Argument before the Supreme Court of Brisbane by senior counsel, Tony Morris.*
  - (iii) *Complaint made to the Victorian Barr Ethics Committee*
  - (iv) *Letter before the court by Professor Paddy Dewan*
- I ask for your assistance in this matter*

*Yours Faithfully  
Helen Tsigounis*

The Honorary Philip Ruddock MP replied in the following way in a letter dated 16 October 2007;

Dear Dr Tsigounis,

I refer to your letter dated 19 September 2007 concerning your complaint about the conduct of your former legal practitioners. I note that you have previously written to me about this in 2005.

I recognise that you have already registered complaints with the Victorian Bar Ethics Committee and the Law Insti-

tute of Victoria. A complaint about a legal practitioner could also be addressed to the Legal Services Commissioner. More information about the process for lodging a complaint, and a complaint form, can be obtained at the Commissions' website.

You have also expressed your disappointment at the High Court's decision to refuse your application for special leave. In considering applications for special leave, the High Court is required by section 35 A of the Judiciary Act 1903 to consider whether there is a question of law of public importance, whether the High Court is necessary to resolve differences of opinion in courts or a court below, and whether the interests of justice require reconsideration of the judgement being appealed from.

The High Court has discretion whether or not to decide an application for special leave on the papers or to permit oral argument, whether the applicant is represented or unrepresented.

I appreciate that you are disappointed that your application to the High Court for special leave to appeal has been refused. However, it is essential that there is finality to litigation once appeal rights have been exhausted.

I regret that I am unable to assist you further.

Yours Sincerely  
Philip Ruddock.

I wrote similar letters to the Minister of Justice and other politicians pointing out judicial fraud, and legal and judicial conspiracy to pervert the course of justice.

My letters were ignored.

"... If the Australian people have no civil rights, on whose behalf are their authorities governing and why?"

Justice Kirby [High Court of Australia]

## **D. THE AUSTRALIA SYSTEM**



## CH. 11. THE PREDATOR'S INSTINCT

*Let the Scarlet Woman beware! If pity and compassion and tenderness visit her heart; if she leaves my work to toy with old sweetness's; then shall my vengeance be known? I will slay me her child: I will alienate her heart: I will cast her out from men: as a shrinking and despised harlot shall she crawl through dusk wet streets, and die cold and un-hungered*

From the OTÖ's Book of the Law of Thelēma (III, 43)

Between the first and second part of the District Court Hearing I realised that what had happened to me was a classic "whistleblower" attack.

I had not thought of myself as a whistleblower but had suffered a similar fate.

I decided to contact Whistleblowers Australia and was referred to president of this association, psychiatrist, Dr Gene Lenaine.

Dr Lenaine was also a whistleblower who had been similarly attacked by the System but had eventually won her legal battle.

I sent information regarding my case to Dr Lenaine and she phoned me to invite me to a whistleblowers meeting that was to be conducted in Melbourne.

During this meeting, whistleblowers from all over Australia gave their stories.

As I listened in horror, I realised that what I had experienced, which I had thought of as extreme corruption, was only the tip of the ice-berg.

Raymond Hosier, a well known Australian whistleblower gave a speech on his experiences after he blew the whistle on police corruption in Victoria. His books [Police Corruption I and II] reveal extreme police corruption, and the failings of the Victorian government to begin an inquiry despite knowing the truth.

Instead, Mr Hosier had been attacked professionally, personally, physically and through the legal system and the media after he "blew the whistle".

At the end of the meeting Gene Lenaine approached me and said;

*"Why do you think they have attacked you so viciously?"*

I said that I was unsure and then she said; *"obviously they thought you knew something they didn't want you to know...paedophilia, paedophilia, get used to saying it"*.

A police officer nearby, who had heard what Dr Lenaine had said shook his head and later whispered in my ear *"you don't want to create more enemies"*.

I felt a tension, deep inside me loosen up when I heard Dr Lenaine's words. But knowing something has many different levels associated with it and it is only after a certain reality has been reached within ones consciousness can one express something as a fact.

I simplified the situation in my head that my issues were about a "meningitis patient" and a "cervical/rectal incident".

I did not attend any more whistleblower meetings.

A few weeks later in Melbourne, on the way to my car after a yoga class in Elsternwick, I came across an old university friend, Abraham Stephanopoulos.

Abraham and I had been in the same year for some of the medical course and I had heard that he had, since then, been successful in his career and had been accepted in the neurosurgical specialty training programme.

I remembered him as a quiet studious person with a polite and serious manner.

He beckoned me over from a park bench that he was sitting on.

As I approached him, he smiled at me and said *"you haven't changed at all"*.

I expressed back to him the same complement but as I was saying the words I noticed he was thinner than what I had remembered and looked tired, unkempt and a lot older.

We walked to a nearby cafeteria and we both ordered strong coffees.

We talked lightly for a while about the whereabouts of mutual friends and joked about the limited lives we had lived as conscientious medical students.

I told him of the obstacles I had experienced as a doctor since I graduated and he said

*"I've heard that Dr Oldmeadows was after you;*

*He's a very bad enemy to have, although his power today is not what it once was".*

I noticed he was playing around with his coffee and began feeling his tension. I said to him that it was probably very demanding being a neurosurgical registrar. He lowered his eyes and said *"Have you heard?"*

I asked, *"What?"*

*"It's all over the media...I've been accused.....I am to face criminal charges..."* he said shyly.

*What did you do?* I said in surprise as I met his gaze and looked deeply into his dark eyes.

He said *"it was all ok until SHE came along.....the new surgical registrar".*

He said that she had called the police when she discovered that the doctor's computer on the neurosurgical ward at Monash Medical Centre contained child pornography.

A police investigation followed and he was being blamed as the culprit.

I scanned the past for any clues, and remembered that he had been somewhat antisocial, known as one of the "nerds" and that he did not have a girlfriend as a student.

I had thought that he may have been gay and I noticed his feminine gestures as he flicked his wrist this way and that.

I asked him if it was true and he responded that the situation was complex..

He said that he was being pressured to *"take the blame"* for other more powerful doctors.

He said that the hospital had organised to have him "bashed" and he and his family were being *"victimised"*.

I told him to *"blow the whistle"* but my words were weak as I remembered the stories I had heard during the whistleblower meeting.

Abraham said that the situation involved very powerful people and that the police had manipulated the evidence to make it look as though he was the one to blame.

I thought about what Raymond Hosier had revealed that there were paedophiles also in the police force that are very well protected.

I told him that if he gets a criminal conviction he would not be allowed to practice medicine.

He looked away and said they had promised to help him if he *"took the blame"*.

I asked him who *"they"* were but he got up abruptly and said he had to go.

I sat alone trying to comprehend what I had just heard.

I wondered why the word paedophilia was circling around me like a cyclone.

From then on I followed the news not only about Abraham but also about paedophilia.

Abraham later confessed to the crimes of possessing child pornography.

He was sentenced at the District Magistrates Court to a 5 month jail sentence that was suspended for 15 months.

I noted in the papers, at a later date that the Victorian Board, decided, despite his criminal conviction, to allow Abraham to once again practice medicine.

I wondered how they justified the decision when it was a well known fact that paedophiles reoffend. March 2007. \* [Report by the Parliamentary Joint Committee on the National Crime Authority. Commonwealth of Australia. November 1995].

[Situational and Preferential Child Molesters. Fourth Edition, Washington D.C, 1994, p528]

I looked up his case before the Victorian Medical Board and found that the Board, chaired by professor Adler, concluded that *"Abraham's behaviour occurred in the context of dysfunctional responses to stress and work pressure and that he (Abraham) possessed a sophisticated insight into his behaviour and thus was unlikely to re-offend."* (Dr Abraham Stephanopoulos [2006] MPBV 12)

I felt offended that this was concluded about a doctor with a criminal record when the same Board years earlier had branded me with a "lack of insight" without any explanation or reasons to support it.

I also found it peculiar that Abraham's medical insurance had paid for the best legal representation, [QC Mr T Forrest, SC Mr J Noonan and John W Ball and Sons], when they had refused to pay for mine both in Victoria and in Queensland.



Whilst reading the papers, a case about the murder of a little boy struck out at me.

This was because it was disturbingly similar in many ways to the Santa-Maria case years before.

The DHS's (Department of Human Services) involvement and behaviour appeared sinister in both cases.

Joedan Andrews was a two year old toddler when he vanished from his home at the Aboriginal mission at Dareton in New South Wales on the weekend of 14-15 December 2002.

It had been stated that the boy had been previously ritually abused.

(European Network for Indigenous human rights. Enlar.org. Suffer the Children, J.A.Davies. 14/4/2004) (British Journal of Medicine. 26/5/2003. Victorian (Australian) Juvenile deaths In Custody and Post Release. Mortality in Young Offenders: retrospective cohort study, Coffey C, Veit F, Wolfe R, Cini E, Patton GC. BMJ 2003; 326:1064) (babyweb.com.au) (The Age. 23/4/2008. *Inquest into the death of Joedan halted after "sons" confession*, by Karen Kissane

(The Age.) Melbourne. Insight peg 1, *How the System failed Joedan*, by Karen Kissane, 25/26/4/2008) (The Age. 25/26/4/2008. peg 8. An Innocent lost in a troubled world, by Gary Tippet)

(The Age. 19/3/2003, by Gary Tippet (The Age. 14/6/2003. by Padraic Murphy)(The Daily Telegraph. Australia. 22/4/2008. *Breakthrough in Joedan Andrews Case* by Emily Power).

(The Sydney Morning Herald. 22/5/2008. Arjun Ramachandran).

A few weeks after his disappearance police found Joedan's remains at the local tip of the mission.

Bone fragments and his pelvis revealed that the boy had been subjected to horrific abuse at the time of his death.

Joedan's mother, Sarah Andrews said that she had taken Joedan with her to the mission to stay with her and her de-facto husband, Colin Moore.

She said that Joedan had fallen out of a moving car that day and had a small graze on his upper lip but was otherwise well.

That evening she slept curled around Joedan to awaken in the morning without him.

Sarah said she noticed that a door that should have been locked in the house had been left open throughout the night and that a flyscreen had been removed from the window.

Joedan's remains were not released to the family by the Australian authorities nor were they told where they were kept and so a funeral had not been performed.

The police did not explain the murder and it remained an unsolved crime. Joedan's family howled for justice.

Six years later, in 2008, the NSW Deputy coroner Malcolm McPherson began a 2-week Inquest into the murder of Joedan Andrews.

The Inquiry heard evidence from Veronica Andrews, the child's maternal grandmother that Sarah used drugs such as marijuana and speed, was often drugged and would often leave Joedan with strangers.

Veronica says that once she found Joedan at home alone with a well known paedophile and one other time found an enormous quantity of white powder in Joedan's jacket.

Veronica had made numerous notifications to the Victorian DHS but was not contacted by them even though Sarah was under their supervision.

During the Inquest, the DHS revealed that they had only 2 notifications and both times the file had been closed after the department found that there were "no significant protective concerns".

The DHS accepted that the second notification occurred two months before Joedan was murdered.

Veronica says that the DHS were lying in relation to the number of notifications. She howled "*child murderer*" at the DHS officer who gave evidence at the Inquest.

Colin Moore's mother told the inquest that her son, Colin, who could not give evidence as he was in jail for unrelated crimes, had, a few days earlier confessed to her that Joedan had fallen out of a moving car and he and Sarah noticed that he was not breathing and wrapped up the body and hid it in the couch of his house.

Sarah strongly denied the above scenario.

Former girlfriend of Mildura man, Tim Mitchel also gave evidence for the first time.

She said that Tim Mitchell and Colin Moore were involved in beheading Joedan after an alleged car crash.

Mr Mitchell could not give evidence, as he was in jail in Melbourne for unrelated offences, but later told a journalist that this was "*a load of lies*".

Counsel assisting the coroner, Stephen Rushton SC said, "*None of the scenar-*

*ios involving a car explain why police found Joedan's blood in four rooms of the Moore's house.*

The Inquest was suddenly suspended by the coroner who said, *"Now there is enough evidence for a jury to convict a known person"* (Colin Moore)

In the Inquests report the following was found:

- Child protection workers from the Victorian DHS failed toddler Joedan in several instances before his death in December of 2002
- It was 28 days before the family was visited after the 1<sup>st</sup> notification (14 days is to be the maximum delay in non-urgent cases)
- There is no evidence that a comprehensive risk assessment was made
- Case notes about visits to the family were missing and existing notes contain minimal detail and little analysis.
- Questions are raised as to how and why the child-care workers of the DHS formulated the assessment that the child was at no risk and concluded that Veronica's complaints were malicious without having had any contact with her.
- Senior Counsel Stephen Rushton said, *"Someone in the department seems to have formed the view that it (Veronica's) complaints were malicious, which was a very odd conclusion to make"*
- Child protection workers from the DHS and the Aboriginal support agency (whom concluded that Joedan was at high risk) held opposing views and failing to resolve this paradox.

The Inquest's findings were forwarded to the New South Wales Director of Public Prosecutions.

To date no one has been charged with the crime.

The following information was not revealed during the Inquest but was published by a journalist in an Australian paper.

Jason Knight was an Aboriginal man who was Joedens biological father.

Veronica Andrews says of Mr Knight *"you couldn't ask for a better dad, the kids loved him and he couldn't wait to get back to them"*.

Mr Knight was in jail at the Correctional Centre in Sydney for car theft, fraud and multiple driving offences when he heard on the news that Joedan's partial remains had been found one day before he was to be released.

A "blunder" occurred and Mr Knight was not released, only to be found dead in his cell 18 days later.

It was stated that Mr Knight had committed suicide.

Opposition Corrective Services Spokesman, Andrew Humphries, said at the time of Mr Knight's death;

*"The more we hear about this sad case, which now involves two deaths, the clearer it is that the government has failed in its responsibilities and has gone to great lengths to smother the facts".* (Death in Custody.) Greg's Cables. Sydney Australia. 26/5/2003)

A journalist interviewing people at the Mission reported that people at the mission including Joedan's family know who the killers are, but remain silent.

Detective, Sergeant Mark Rounney is quoted as saying, *"people on the mission are frightened of certain individuals and have been intimidated into silence"*.

Veronica says *"the baby killers have put the word out that they'll shoot me if I don't shut up and police have told me to take the threat seriously"*.

Veronica's father and Joedan's great grandfather, Bert Murray says he is tormented by those he claims are responsible for Joedan's death and that he has been warned to keep quiet.

In the past he has had his car trashed and has been fired at as a threat to keep quiet and not state the truth.

He says, *"I'm riddled with cancer"*.

It is said at the Mission that even Sarah is prepared to protect her child's murderer to save her own skin as she is a woman on the run from her past.

Sarah herself says, *"You know when you think too hard, you make up a story and try to believe it. That is what I do all the time"*.

Buddy Parson, an Aboriginal Liaison Officer with Dareton police states, *"Since Joedan's death, many people have fled from the mission as people are fearful of the gang who call themselves the untouchables"*.

Joedan's murder remains unsolved and his remains today are kept in storage at the Westmead Forensic Facility in NSW, awaiting forensic examination.

One year later, after the Joedan Andrew case, another toddler, Daniel Thomas vanished from his home from a small country town in Myrtleford, Victoria on the 17 October 2003. [The Herald, Melbourne, 2008, Toddler Murder Charge Just Ruled Out. John Silvester]

Daniel's mother, Donna Thomas had left for Shepparton for a three day

parenting course and had left Daniel in the care of his babysitter, Mandy Martin.

Mandy who was 5 months pregnant, had left Daniel alone in the home for 3 hours while she took her three children to a doctor's appointment in Wangaratta.

On return she found that Daniel was missing.

Police found buried bones wrapped in a cloth, 15cm beneath the ground at the home from where Daniel was taken.

A forensic examination of the house where Daniel disappeared from found blood stains from the victim consistent with an injury.

Mandy Martin became the prime suspect.

Statements in a brief of evidence compiled by the homicide squad and presented to the OPP (Office of Public Prosecution, Victoria) allege that the toddler was the victim of a long running torture campaign that had left him disoriented, dazed and barely able to walk.

An Australian newspaper revealed that several serious notifications had been made to the DHS a few weeks before Daniel's disappearance where it was revealed by social workers, doctors and nurses that the child was victim to a horrific form of sexual and physical abuse. [The Bulletin. Australia]

The DHS had failed to act in time and only began an investigation after the child's disappearance, when it was too late.

Five years later, in 2008, DNA testing revealed that the bones found were Daniel's. (SBS World News. 20/5/2008) (Herald Sun 20/5/2008- news.com.au).

The OPP concluded that Mandy Martin could not be charged with Daniel's murder.

No one to date has been charged with Daniel's murder and the crime remains unsolved.

When hearing of the Daniel Thomas case, Muriel Cadd, the head of Victoria's Aboriginal Child Protection Agency said that she could not believe it had happened again. (Www. baby web.com.au) (The age.com.au/news/national/2008/04/22)

Ms Cadd was referring to the Jaidyn Leskie case, where a 14 month old toddler had vanished from his home 1997 in Victoria whilst in the care of babysitter Greg Domaszewick, the then boyfriend of the child's mother.

(The Jaidyn Leskie Murder by Gleeson Michael. Harper Collins. 1999. USA, UK, Australia)

His partial remains were found at the bottom of Blue Rock Dan in Victoria revealing that the child had been victim to horrid physical and sexual abuse at the time of his death with severe head injuries and broken limbs. (The Age. 19/3/2003 by Gary Tippet.) The final tragic chapter) (The Age.) The long anguished goodbye. 7/12/2003)

Mr Domaszewick was convicted of the murder but was then acquitted by the Supreme Court of Victoria in 1998. (Herald Sun. Victoria. 26/7/2007. Babysitter arrested over missing toddler, by Anthony Dowsley and Mathew Schulz). 9 years later, in 2006, DNA analysis of the remains confirmed that they belonged to Jaidyn Leskie. (The Australian. 3/10/2006. Coroner to deliver Leslie's findings)

A final inquest found that Mr Domaszewick had contributed to the toddler's death.

Because of the double Jeopardy laws in Victoria, the case cannot be retried and the murder remains unsolved.

Director of Child Protection of the Juvenile Justice Branch, Gill Callister, said (2003),

*"There are a disproportionate high number of child abuse cases in Victoria and I am worried about the revolving door syndrome for indigenous children in the Victorian Protection System".*

It is apparent that *"the revolving door syndrome"* is not limited to the state of Victoria, and that such cases commonly exist in the shadows of Australian History leaving behind a legacy of evil.

Professor Peter Pierce of James Cook University in Cairns, and author of the book *"The Country of Lost Children"* \* says:

*"A predatory act against a young child sends a message that nothing matters.*

*As far as the perpetrators are concerned, you can do anything...*

*It is a nihilistic refusal of the future.*

*The future will be denied (their victims)".*

But who are these ghosts that *"can murder children"*, and are known to some as *"the gang of untouchables"*.

\*\*\*

It has been said that a highly organised paedophilic network that involves powerful people has existed in Australia since the 1970's.

Past Royal Commissions and Inquires into paedophilia has exposed, as perpetrators, government officials, judges, politicians, parliamentarians, police offices and businessmen. [Mullingham Inquiry of South Australia(2005-2008) , Fitzgerald Inquiry of Queensland, Inquires into child abuse of children in state care in Western Australia and Tasmania, 2004 report into Anglican Church Sex Abuse in South Australia, Federal reports into child abuse- 1997, Bringing them home report into the Stolen Generation, 2007, Little Children are Sacred Report, The Forgotten Australian Volumes]

In the more recent Mullingham Inquiry whose report was released and presented to the South Australian State Government in April of 2008 (The 3-year Children in State Care Commission of Inquiry Report) the following findings were made. [The Australian. 2 April 2008, page 1 and 6, "Hundreds feel child abuse shame" By Jamie Walker and Jeremy Roberts]

- 100's of Children in state care were abused and exploited by paedophile rings in a foul undercurrent.
- Children taken into state care were sexually and some brutally abused by government staff, doctors, priests, teachers, social workers and other outsiders including paedophiles who operate in organised groups.
- 826 Allegations were made to the Inquiry against 922 alleged abuses.
- Children from the state were taken to parties and private homes,were drugged and abused.
- 391 children had died while in state care in the past decade in South Australia
- Previous Inquires in other states have exposed similar abuse of children in state care with gaping deficiencies in child protection
- The Child Protection System in South Australia, like those in other states was in crisis.
- The Report of the Inquiry had uncovered only the "tip of the iceberg" and the problem still exists.

At the end of his 3-year Inquiry, former Supreme Court judge (QC) Ted Mullingham said *"Nothing prepared me for the foul undercurrent of society revealed in evidence to the Inquiry"*.

Parliamentarian Peter Lewis gave evidence during the Mullingham Inquiry, stating; *"there are a large number but not a high percentage of people in high places and positions of trust who take it for granted that they can indulge their sexual appetites for Children of both sexes so long as they arrange to cover it up and get away with it. It's a national problem and MP's involved seem to know each other"*. [Statement dated 1/4/2005. Parliamentary Speaker of the House, Peter Lewis]

In his resignation speech from parliament, Peter Lewis said the following (4/4/2005) *"The most outrageous thing of all which disturbs me about the information is what appears to be related and organised activities of these paedophiles in high public office- that is, the judiciary, the senior ranks of the Department of Human Services (DHS), police officers and MP's across the nation, and especially within the ranks of the Labour Government"*.

Peter Lewis believes that past Royal Commissions and Inquires are to some extent cover-ups in themselves.

He states that the problem is so deep that only a Royal Commission conducted by someone outside Australia can solve and eradicate this network of powerful paedophiles.

The Mullingham Inquiry made the following recommendations to the government:

- Charter of Rights for Children in care be the subject of state legislation
- That an extensive media campaign be implemented to educate the Community of the abuse
- That the government acknowledge and apologise for the pain and hurt caused to the children that were under their care

The State is obliged to respond to the report by 19 of June 2008.

Similarly, in previous times two other parliamentarians have gone on the public record with similar claims to Peter Lewis.

In 1998, Senator Bill Heffernan informed Federal Parliament of *"the code of silence which protects worldwide child sex networks including people in the judiciary, parliament, clergy and the public service. Many of these people live in an abhorrent culture in which is included as spoils of office, the right to have sex with children"*.

Similarly in 1996, NSW MP Franca Arena levelled accusations of paedophilia against two MP's, a judge, lawyers, doctors, a socialite businessman, and priests.



Five days later, the judge, David Yeldham, who was due to present evidence to the Wood Royal Commission, in which he was accused of sex with minors, committed suicide. The commission found that he had been apprehended by police on related matters but was never charged.

It has been stated that judging from the outcome of previous Inquiries that the government and the Judiciary itself become involved in the cover-ups of these horrific crimes. {Previous Premier of Queensland, Peter Beattie has been accused of covering up severe abuse of children in one government institution by shredding what was known as the Heiner documents during an Inquiry}.

It is said that there is a highly organised and powerful paedophilic network operating in Victoria that is absolutely protected.

In fact, in an article in the Herald Sun by Andrew Bolt, Victoria is described as *The paedophile state*": [Australia's Herald Sun, Andrew Bolt.] Satanists and Paedophiles]

Dr Reina Michelson, a child psychologist won a young Australian of the year award in 1997 for founding the Child Sexual Abuse Prevention Programme in Victoria. (Australian Newspapers)

During her work with children she says she uncovered that there was an illuminati(OTO) - based child pornography and paedophilic ring operating in Victoria.

Dr Michaelson states that included in this network are powerful government officials, politicians, police, television executives, businessmen and a one-time autocratic Victorian Premier.

She describes the crimes as "satanic" that include sexual abuse, torture and murder.

She states there have been cases where children's organs have been eaten and blood drunk.

Dr Michelson believes that the abuse and rituals described by some of the victims is the same as that described in "*The Book of the Law*" followed by a religious cult known as the OTO or illuminati.

She states that many of the crimes had occurred in Masonic Lodges in Melbourne, and that the following government bodies in Victoria are illuminati-controlled:

- The Department of Human Services (DHS)

- The Family Court System (Chief Justice, Alistair Nicholson)
- The Victorian Civil and Administration Tribunal (VCAT)
- The Children's Hospital (Director of Child Psychiatry, Associate Professor Robert Adler)
- The Victorian Psychologists Board
- The Victorian Ombudsman (Browner)
- The Catholic Church.

In her press release in Melbourne on the 4 March 2005, Dr Michalson states the following:

*"There is clearly something really bad happening in this state. Pity helps the children and other victims of this powerful network which holds the government, and all of its departments and the media in the palm of its bloody hand. Pity help them, because this group has no pity".*

Dr Michalson says that the culprits are so confident that they will not be brought to justice that they call themselves the untouchables.

Dr Michelson's calls for a Royal Commission fell on deaf ears.

Since her press release on the 21<sup>st</sup> November 2006, Dr Michalson states she has been the victim of government harassment and victimisation.

Dr Michalson states that there was an attempt on her life consistent with what is known as the "Government Disclosure Project", linked to the illuminati, and used as weaponry against citizens who have been targeted as threats to the operation of this powerful network.

The OTO issued a defamation order against Dr Michelson using solicitors Phillips Fox in Melbourne..

The matter had been organised to be heard by Justice Robert Davies at VCAT.

The Australian media portrayed Dr Michalson as paranoid and a liar.

The OTO have been exposed in horrendous crimes against children in the US and UK which include sexual abuse, torture, murder, child pornography and trafficking of cocaine [The Guardian, UK 12/6/2007, "Evil Illuminate Cult Exposed". 17/6/1999, 21/4/1999 and 6/6/1996. "True Scandal of the Child Abuses"]. [UK. The Irish Times. 29/9/2000. "Ritual Abuse of Children"]. [US. University of Toronto Press. 1995. "Satanic Ritual Abuse", by Colin Ross]. [US. "The Truth Shall Set You Free- The Biggest Secret-Children of the Matrix"]. [US. Satan's Silence. Ritual Abuse and the making of Modern American Witch-hunt, by Debbie Nathan and Michael R Snedeker].

There have been many books in recent times exposing the illuminati, their crimes and their involvement in child pornography and satanic abuse of children. {Numerous books by David Icke, *"Blood on the Alter by Craig Heibichner"*, [*Illuminati- The Cult that Hijacked the World* by Henry Makow Ph.D]}

Similarly, *The Fawknor Cover-Up*, by Senator John De Camp from Nebraska in the USA, reveals a high powered paedophilic network involved in satanic abuse of children in a way that was described by Dr Reina Michalson.

Illuminati whistleblowers from outside Australia have exposed the inner workings and secrets of the illuminati which are consistent with the claims made by Dr Reina Michalson ( Bill Schnoebelen- "Interview with an ex-vampire").

In fact overseas high powered paedophilic networks are said to be linked to the network in Australia \* [UK. 15/10/1997. *The Guardian*. "Public Figures named in Paedophilic Rings-Linked to Australia", by Nick Davies]

### **The illuminati (OTO- Ordo Templi Orientis)**

The gods of today, the illuminati sit at the highest point of the power pyramid in Australia, controlling medicine, the judiciary, the government and the media.

As they sit on their throne they relish the fact that they are the cult of power, above the laws and restrictions that govern the mere mortals below them.

Their crimes go unpunished since they control the Australian System.

Dazzled by Lucifer's myths the illuminati follow the *Law of Thelma* written in *"The Book of the Law"* by famous Satanist Alestair Crowley (1904).

The Book of the Law states:

**"Do what thou wilt shall be the whole of the law",**

**"Compassion is the vice of kings",**

**"Worship me with fire and blood",**

**"Sacrifice a child",**

**"Man has the right to kill those who thwart these rights",**

**"Stamp out the wretched and the weak: this is the law of the strong:  
this is our law and the joy of the world",**

**"Children shall be accustomed from infancy to witness every type of sexual act".**

*"These principals are taught through a graded series of degrees, or initiation, and understood through practical engagement with these mysteries in the initiates own life", [A legal document sent to the Equal Opportunity Commission of Victoria from a Melbourne OTO member, Brent Gray-----Website about the OTO known as [www.gaiaguys.net](http://www.gaiaguys.net)]*

The illuminati were founded in 1776 in Germany and were created as a secret society within existing Freemasonry.

The name Illuminate comes from the word "Weishaupt" which is the surname of the German founder and is translated to Lucifer meaning "holders of the light".

Originally the illuminate were intended to be tied to and modelled on Freemasonry but under the leadership of Aleister Crowley of England they were re-organised and became based on "The Book of the Law".

The illuminati are bound by a devotion to Lucifer, the rebellious angel who defied God and stated that man will define reality.

They are known as the cult of great men who have usurped God's place and are devoted to the demise of God's principals like morality and spiritual absolutes like love, truth, goodness, harmony and justice thus severing one from God's state of consciousness and substituting a reality that is conducive to theirs.

Double talk and double think, that is, to say one thing and do another is fundamental to illuminati practice ("Final Secret of the illuminate". Robert Anton Wilson) and their principals of "free love", "the cult of youth" and "anything goes" are very much alive within the Australian system. {R. Koenig The Art of Loving and Living}. [Who are the Illuminati, by Richard Stone, 26/11/2002]

The illuminati claim about 3000 members, about half of which are in the United States [Wikipedia, The Free Encyclopaedia]

In Australia it is stated that there are around 60 members consisting of people in high places who have infiltrated the highest echelons of the government.

It has been stated that the highest known illuminati's are also psychiatrists and that psychiatry is one of the most important tools for the illuminati.

OTO membership is based on an initiary system with a series of degree cer-

emonies that use ritual drama to establish fraternal bonds and impart spiritual and philosophical teachings.

They have their own grades above the 33 degrees of the Freemasons and amongst other things this hierarchy is a cover up hierarchy where the one below covers for the crimes of the higher level.

They call the initiation into higher degrees crossing the abyss and they are life and death binding agreements

It is stated that the illuminati are involved in a global conspiracy to take over and control the world. [The New World Order] {David Icke-Global Conspiracy.} David Icke- The Biggest Secret. The Book that will change the world] [Transformation of America- Kathy O'Brien and Mark Phillips]

They aim at world control by absorbing the world's wealth, gaining power in important positions in society and by weakening the rest of the population and gradually inducting people into a Luciferian Communist Cult

Objectives and Social engineering tactics include:

- ▶ Weakening will power, controlling ones minds by creating passive and disoriented state of minds that are severed from reality and dysfunctional
- ▶ Mixing of populations aimed at creating weak morals and traditions,
- ▶ Systemically corrupt the youth of the nation by the use of drugs, alcohol, moral corruption and a value system of deception.
- ▶ Promote sexual liberation and gay liberation and use sex as a recreational/physical release rather than the expression of a spiritual bond as in a loving marriage
- ▶ Infiltrate into all classes and levels of society and government for the purpose of fooling and corrupting the youth members of society by teaching them theories and principals that they know to be false,
- ▶ Lower educational standards and infiltrate the Universities (where once one is indoctrinated you are qualified for employment)
- ▶ Lower the standard of public health
- ▶ Control the media, the press the government and the judiciary to work for their cause and cover-up when required
- ▶ Demolish Civil Rights
- ▶ Seize property by any means,

- ▶ Build up armaments with police and soldiers sufficient to protect their interests
- ▶ Use of their wealth to have public candidates chosen for public office that would be obedient to their demands and would be used as pawns in the game of the men behind the scenes. The advisors will have been bred, reared and trained from childhood to rule the affairs of the world,
- ▶ Infiltrate into the secret freemasonry to be used for the illuminati's purpose
- ▶ Use of mob psychology to gain control of the masses,
- ▶ Use mobs to wipe out all who dare stand in their way (commonly attack their enemies through smear campaigns and defamation of character, also known to assassinate their enemies as quietly as possible so as to simulate natural deaths, lines of suspicion are then covered up by deception and false accusation)
- ▶ Any or all means should be used to bring about their goals as they are justified.

[Melbourne Independent Media Centre, <http://Melbourne.indymedia.org/news/2005/11/98528>]

(UK. Who are the illuminate? Richard Stone. 26/11/2002. Truth Seeker .Use of Front in Important Positions) [ Cruel Hoax: feminism and the New World Order by Henry Makow p.t.d---David Icke.com]

Today the illuminati operate at the highest level of the freemasons. Their insignia, The All Seeing Eye at the top of the Masonic pyramid reflects their power over the freemasons.

The all Seeing Eye is said to be The Eye of Horus also known as The Eye of Lucifer and represents The Great Architect of the Universe.

### ***Freemasonry [The Brotherhood by Stephen King, Inside the brotherhood. Sequel to the Brotherhood by Martin Short]***

Freemasonry is a philosophical, religious and mystical system that is thousands of years old.

It uses aspects of Ancient Egypt Religions, Hinduism, Kabbala, Agnoticism and traditional notions of the occult to offer enlightenment and a heightened level of consciousness to its members.

It originated in Britain and has offshoots in most countries.

Freemasonry as is practiced today goes back little more than three centuries and is a secret society within society that, until recently, was exclusively male.

In Australia it has attracted many traditionalists and it is, above all else, about the establishment.

It has infiltrated all arms of the government and encompasses a wide spectrum of wealth and power.

Membership is dependant on invitation by another Mason and it is said that once a Mason always a Mason.

The Freemasons have a pyramidal type of hierarchy consisting of 33 degrees.

The first three degrees, known as "craft degrees" include the majority of Masons and are governed by the United Grand Lodge.

The Higher degree Masons are governed by Supreme Council, which is a building that contains a black-room, a red-room and a chamber of death.

There are secret handshakes and other signs that include a particular arrangement of the feet and certain bodily arrangements that enable one mason to recognise another.

Masons swear loyalty to each other and oaths to have "his tongue torn out", "his heart torn from his breast", "his bowels burned to ashes" or "the top of his skull sliced off" if he reveals Masonic secrets.

The oaths are sworn in alters within Masonic Temples before "The Great Architect of the Universe", known as the "total god" that encompasses an umbrella of religions.

It is only when one has been elected to be elevated above the third degree that a specific name is given to this "total god".

The name JAH-BUL-ON is then incorporated in the rituals.

This word consists of three different characters fused into one.

The "JAH" also known as "Jahweh" is the God of the Hebrews.

The "BUL" also known, as "Baal" is the ancient Canaanite fertility god associated with licentious rites of imitative magic.

The "ON" also known as "Orisis" is the Ancient Egyptian God of the underworld.

The true nature of JAH-BUL-ON is only revealed to those who reach the highest echelons of the Masonic hierarchy.

It has been stated by experts that JAH was a pagan god that has for more than 2000 years been associated with the devil.

16<sup>th</sup> C demonologist, John Weir identifies Baal as a devil who had the body of a spider and three heads consisting of man, toad and cat.

Baal was raucous and taught his followers guile, cunning and the ability to become invisible.

From one degree to another, Masons play act rituals that are characteristically centred on themes of murder.

At the third degree, a ceremony takes place as follows

Three first degree Masons, known collectively as Juwes mime a murder of Hiram Abiff, a mythical architect in charge of Solomon's temple.

The Juwes are then hunted down and executed "by the breast being torn open and the heart and vitals taken out and thrown over the left shoulder".

There is much literature that state that Masonry is incompatible with Christianity and some experts have even said that the Masonic rituals are rituals that worship the devil

The Freemasonry Oaths and rituals of mutual defence and support and its cell like structure are ideal for concocting, perpetrating and covering up conspiracy acts.

Masons have been known to target individuals who are either perceived as threats or have made an enemy of a Mason and through their use of their network have orchestrating the victim's destruction.

One Mason in Britain explains how this is usually done.

He describes the Masonic Network as a "private intelligence network" who is skilled in using the System.

They collect information including any areas of vulnerability on the "target" and then attack.

One of the ways of attack is through the legal system.

They involve them in some legal action.

The lawyers then orchestrate endless delays, generate useless paperwork, ignore instructions, charge exaggerated bills and mislead the client into taking decisions that are damaging to them.

Once their case reaches the court they are not offered a fair hearing.

Another common attack is to give employers private information about the target letting them know he is an enemy of the Masons.

The person is either dismissed or consistently passed over for promotions.



There have also been Masonic doctors used in making false diagnosis and character assassinations of the targets.

It is stated that in such situations a strange phenomenon arises whereby "there is no defence against an evil which only the victims and the perpetrators know exist".

The victims are not helped and their story is perceived as "paranoid" and they as "cranks".

The Masonic intent is usually achieved.

Masonic criminality has surfaced in Britain, which have included Masonic murders, Masonic conspiracies and Masonic miscarriages of Justice.

It is also stated that a Masonic Judge experiences conflict in situations where the Masonic Oath "to protect ones brother" is at odds with the Judicial Oath "to implement justice".

In many countries over the world Mason's cannot be judges but in Australia this is not so and Masonic Judges and other members of the Masonry do not have to disclose this information and the information is not available publically.

The following is a section of the transcript during the District Court Hearing of my case where Professor Dewan gives the following evidence:

*Appellant: Professor Dewan, have I been blacklisted in Victoria?*

*Professor Dewan: There has been some information that you've presented to me that suggests that that might be true...the boys club phenomenon is what I talked about yesterday, which is the mateocracy, which is a well-established phenomenon in Australia.*

*His Honour: Oh Professor, are you incapable of answering the question? I mean, all Ms Tsigounis want-asked you were that has she been blacklisted in Victoria by anyone? I mean I really don't want an essay about the boys club or mate-ocracy.*

*Appellant: Are you aware of a blacklisting system occurring in the Medical Faculty in Victoria whereby doctors are blacklisted undercover?*

*His Honour: What's-What's the relevance of this, Ms Tsigounis?*

*Appellant: Just to the history of the whole situation, Your Honour.\**

His Honour did not allow further questioning in relation to this issue.

## CH. 12. A PERSONAL LOSS

*Evil cannot be satisfied.  
It stabs deeper and deeper at the soul of its enemy.*

Helen Tsigounis

At my return to Melbourne from Townsville, I had moved in with my parents in St Kilda so as to pursue the issue of my registration legally. This process, unknown as yet, was to cost my parents one million dollars and their home, and to cost me a lot more than I could have imagined. It was hard for all of us during this period, as we paid legal costs at the cost of our quality of life.

Despite this, we had faith that good always triumphs over evil and that truth, like any other natural phenomenon always finds a way to reveal itself. I had placed my life on hold, and my plans with my boyfriend Alexander, to settle down, to marry and to have a baby had to wait, but for how long, no one was to know.

Alexander was a French Journalist who was working at the time for AFP in Paris.

We had met two years previously in Greece whilst he was on vacation on the island of Spetses.

He had approached me as I was buried in a book in a cafeteria and had asked me if I had a light for his cigarette.

We had both laughed at how cliché he had sounded and began talking openly.

His sultry brow eyes, his thick black hair, his intelligent charm and his French accent had attracted me to him instantly.

Alexander was also a great person.

He lived life in the light and was driven by a genuine desire to help people in any possible way that he could.

He would give beggars cigarettes, feed stray dogs and most of all he was dedicated to his work and in particular to presenting truths.

## The red back web

Alexander was a reliable and responsible person who had the ability to rise above and beyond the pettiness of human nature.

The relationship between us had progressed beautifully and we had both accepted each other as one another's life-long partner.

But during this period we had separated, as I was to finalise my registration problems in Australia and he was to attend a "mission" as he called it, in Baghdad.

As time went by, a tension began to develop between us as I was unable to meet our plans and unable to say with certainty when I could.

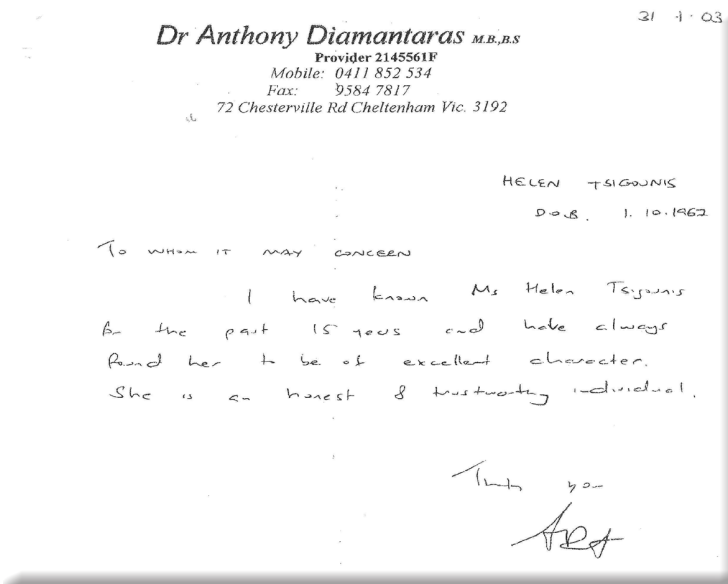
I needed to obtain this "general" registration so I could work freely as a doctor and be able to work in an English speaking country away from the Australian system and away from my pursuers.

Alexander and I had agreed to live in London, a place where he could also find employment in his area of work.

My loneliness during this period was confounded when my best friends who were doctors ceased all contact with me.

Soon after Maria had written a character reference that was submitted before the court she stopped communication with me.

As did Anthony after the following letter was submitted before the court.



It was as though anybody who dared to support me was subsequently threatened to no longer do so and to cease contact with me.

In such a similar and abrupt way did I lose all my friends during this period. I felt hurt but also understood the fear that one may feel that what had happened to me could easily happen to them too.

Nevertheless I felt disillusioned by their behaviours and believed that if the tables were reversed I would have behaved differently.

I tried to cope with my isolation by reading, swimming and practicing yoga.

One day, when I was returning from a bookstore in St Kilda I saw an Indian doctor who had attended the same medical school as I had.

His name was Eugene , and as he approached me, I chuckled to myself as I remembered that he was known as the *"sex-machine"*.

Eugene was one of these homosexuals who had a lot of partners and a lot of sex.

He was of sanguine character who had finally graduated from University after having been kicked out from medical school for bad performance early on.

There was much talk at how he was allowed back into the medical course, something that almost never happened.

He would often say *"all I want from life is a sugar daddy"* and was constantly in search for one to fulfil his dream of being *"looked after like a woman"*.

We had often joked that he would end up barefooted and pregnant in someone's kitchen.

As I sat with him in a nearby cafeteria on Ackland Street, I realised that he looked unwell.

He told me he had split with his Shrilankin lover, two years before and had fallen into a deep depression which was compounded by chronic fatigue syndrome.

He said that he was unable to rise from bed in the early days of his illness and had not worked as a doctor for two years.

He had only just begun to do locums again and was presently working two days a week.

He also added that he was being helped by Dr Michael Oldmeadows who was an expert in the field of chronic fatigue syndrome.

Hearing the name "Oldmeadows" made my insides churn as I remembered how I had suffered in his hands.

I changed the subject.

We exchanged phone numbers but I did not think that we would see each other again as we had no common social interests and our friendship was from a distance.

Surprisingly, a week later he phoned me and invited me over to his flat in St Kilda.

I was so starved of social contact during this period that I had decided to attend the invitation.

That evening Eugene introduced me to Paul (V...)

I had not picked up on the fact that Eugene and Paul were fresh in a homosexual relationship nor did I know then, that Paul was an illuminati as I did not as yet know the word illuminati.

At a later date when the wheels stopped whirling and the balls fell exactly into their slots I looked up *illuminati Paul (V...)* and *OTO Paul (V...)* on the internet and found, through various links, the most abhorrent forms of pornography, including child pornography.

Paul told me he was 50 years of age, was a divorcee and a business man.

He said he had met Eugene one month previously at a bar and had begun a friendship.

Paul was handsome, of Italian blood, was well-dressed in a suit and spoke well in a manner that suggested a proper upbringing.

Further, he had a sharp and clever sense of humour mixed with a streak of wildness.

He took an intense interest in me that evening and I felt distracted from my problems.

I laughed at his jokes, enjoyed his effervescent personality and the psychological tension that for so long I had learned to live with had vanished in his presence.

With such unexpected lightness, I, uncharacteristically turned a blind eye to the mask of falseness that I sensed.

All my life I was a lover of truth and I hated deception. In fact at times my love of truth was greater than my happiness.

I would allow truth to enter my consciousness even though it would mean, at times, to sacrifice a certain happiness or comfort.

But in this instance I indulged in happiness as I was in desperate need of it.. Paul gave me his card at the end of the evening with his phone number. Once I returned home, I looked at the card and remembered where I had heard the name "V" before.

It was from John Doulas, many years ago.

John Doulas had had an intense friendship with Paul and I had in fact met Paul fleetingly once before through John years before.

John often talked of the V family and their riches.

I had heard, when I returned to Melbourne, that John had been destroyed both financially and in his career and had fled to the United States.

The fact that Paul had been close to John made me feel a warmth towards Paul, as John had been a supportive friend of mine during my difficult years with Dr Oldmeadows and both John and I had both shared the common fate of being on Dr Olmeadows *flagging list*.

As I saw more and more of Paul, my attraction towards him was like a magnet, yet unknown that this encounter would be the magnetic centre to the events of my situation.

Paul often talked about John Doulas and I was surprised to hear from Paul that just before John had left for the United States he had an informal hearing with the Medical Board of Victoria where he was accused of being sexually inappropriate towards a female patient.

"*They set him up*" was my immediate response and Paul's eyes emitted a ray of light as they met mine..

I told Paul I had a boyfriend that I was fond of and he looked at me like a child and cried.

I felt pulled towards him, at most, against my will and better senses.

I was drugged with feelings I had not felt before, like a satanic force had overcome me.

But this union did not have associated with it peace of mind.

Something inside me was objecting.

At Paul's insistence I called Alexander and told him I had met someone else.

He seemed eager that I do this, and after the event , he blurted a comment which had disturbed me at the time.

Paul had said "*And he would probably have you back even after that*".

I was hurt that Paul, even after pledging his love for me and stating he wanted a long-term relationship with me was thinking whether Alexander would have me back if my relationship with him did not work out.

Eugene was as part of the relationship as I was, coming out to dinner with us and leaving us only as we were to go to bed.

It was clear to me that Eugene was sexually attracted to Paul and he began attempts at undermining me in any way that he could.

Paul seemed to be enjoying the turbulence in the air and continued to invite Eugene along with almost everything that we did.

One day, whilst I was preparing coffee in the other room I heard Eugene say angrily *"How much longer?"*

Paul replied, *"It's only been 6 weeks, we'll get a lot at the end"*.

How much? Eugene had inquired.

A lot, Paul said.

It was 6 weeks since I had entered into a relationship with Paul and what I had heard weighed heavily on my mind.

Despite his rich V name, Paul was broke and bankrupted and after he was sacked with his involvement with MAP coffee, had no source of income.

I didn't seem to be bothered by that and tried to give him comfort and reassurance.

One morning I noted that money had been taken from my wallet.

When confronted, Paul did not deny it.

I told him that if he needed any money I would gladly give it to him.

What had surprised me was his lack of response when I had confronted him with no guilt or embarrassment.

Paul was edgy and restless and could rarely concentrate on any task.

I had, in the early days seen some powder in a draw that looked like cocaine but he had never taken it in my presence.

I wondered whether he was withdrawing from cocaine but did not dare ask.

I sensed that Paul was suffering from inner tensions, conflicting forces and unrest.

He would twist and poison events and turn any peace into turmoil.

I felt sorry for him and at the state of his inner soul and wondered what could be causing such pathology.

Paul was getting phone calls late at night where he would talk secretly.

His mood would often change after such calls and he would become distant and scared.

I became aware of a muffled existence going on around me.

One evening, after one such call, he responded differently.

He said *"whatever I have to do, remember it's not me doing it, and I do really love you"*.

I had felt a deathly chill and had tried to make him explain, but he had refused..

Years later, in retrospect when truth had surfaced, I realised that Paul was unconsciously giving me hints to the truth of the events.

Why then had I continued on with the relationship?

I could not leave him.

The stressors of my situation had weakened me to the point that I could not fight against feelings that had distanced me from my problems.

But could it have been that I could not leave because I had not obtained the answers that I needed and the puzzle was still in pieces.

Paul had told me he was seeing a psychiatrist, Dr Journalixt who lived two doors from Paul's home in South Yarra.

He said that Dr Journalixt was on the Board of psychiatrists that was chaired by Professor Robert Adler.

He asked me what I thought of Professor Adler and I had answered that he had ruined my career years before by placing unwarranted psychiatric conditions on my registration for "lack of Insight".

I told him I thought he was abusing his power as a member of the Medical Board of Victoria.

As I talked about Professor Adler I noticed that Paul's face took on a strange expression, one that I had not recognised.

One evening, I awoke from bed and found Paul quarrelling on the phone.

He was saying *"I don't know if I could do it, she's asleep now"*.

I stood awake in bed and when he returned asked him who was on the phone.

He looked at me and said *"it will be ok"*.

That evening he was cold and distant in bed and awoke yelling out of a nightmare.

It was clear to me someone was telling him to do things against his will and was using some form of threat against him.



He was struggling between doing what he was being told and doing what he wanted, so I thought at the time.

As he was on the phone one day, he suddenly turned to me with an expression, a look of surrender to the evil within, and kicked me in the belly telling me that the relationship was over.

I had become hysterical, confused and was sobbing uncontrollably.

Whilst still on the phone he had said "commit her to the Alfred, I can't do it?"

Paul was talking freely in front of me as if wanting me to know that he was being controlled by someone else.

After hanging up the phone, his expression turned to tenderness as he said 'it's Adler, it's Adler'.

I was ready to awaken from the dark.

I took a deep breath, regained my strength and ran out of the house.

My mind kept spinning around at how Paul and Adler could be connected.

Two days after we split I received a phone call from Paul telling me he was on a holiday with Eugene, in Sydney, and that they were having a great time splurging on a lot of money they had just come their way.

This phone call was designed to probe the wound that had been created and it bled heavily.

I felt sick for days not only at what had happened to me but by the level of deception and callousness I had encountered..

For the next two years Paul and Eugene lived the lives of kings, cocaine, sex parties with young boys, expensive holidays and all paid for by the Victorian Labour Government.

Paul had achieved an end where I had split from my main support, Alexander, and was left weakened and alone to face the battle ahead.

His job did not end there.

Eugene and Paul had found an easy way to maintain their life style and they were going to bleed it for all they could get.

They spent their time smearing my name , they approached people and offered them certain gains from within the system if they helped obstruct me and bury the truth of my situation.

I was amazed at how easily people were brought out for a bit of power or money.

What was not as obvious was in covering up this illuminati crime, Paul was to receive an illuminati rise and a large sum of money.

I had heard that Eugene was waiting eagerly for this money and had even stopped working again.

For years, I carried on from one court case to another, wingless and wounded fighting a war that had erupted from nowhere, so it seemed.

Living in isolation with my parents, my heart was closed off to the world and my hopes and dreams crushed.

I felt like a battered housewife who senses the very temper of her house but my house was the Australian System.

I felt the waves of tension of my "house" every time the System failed to obstruct me.

At other times I sensed, a single spider's thread, wavering this way and that, trying to predict where its final attachment would be so I could free myself from the web that the Australian System was conspiring to create.

Once the High Court decision came out, I desperately needed a lawyer to help me with a United Nations document that would argue the following;

1. Systemic conspiracy and corruption
2. Medical Board Malice and Fraud
3. Legal and Judicial fraud and perversion to the course of justice
4. Misuse of judiciary and the media for persecutory purpose.
5. Conspiracy of a Masonic nature to persecute and destroy a female doctor.

This document was to be submitted to the United Nations and at the same time to the High Court of Australia so as to force the Australian System to apply Australian Law to my case and possibly begin a judicial Inquiry.

After reading the papers about the Mokbel case, I noticed that he too had an array of solicitors and that his present lawyers both in Greece and in Australia were arguing that he would not receive a fair trial in Australia.

His lawyers were also saying that the facts of his case had been misrepresented in the media.

I called Mirko Bagdaric; Mokbel's Melbourne Lawyer and asked him if he could help me with this document.

I also gave him instructions to take a civil action against Mr Dreyfus and Prospero Franzese as is evident by the following faxes and documents.

26/3/08

MIRKO BAGARIĆ  
Fax- 9833 7676  
From- Helen Tsigounis  
Subject- Instructions.

1) Instructions to you are as follows.

(i) proceed with the statement or claim against Prospero.

Do not file it unless I and my family examine it and approve of it.

ii) Do not get a second opinion as I quote you "the matter is clear cut"

iii) After you have done this, begin the U.N Document arguing

(i) Systemic conspiracy + corruption

(ii) Medical Board Malice + Fraud.

(iii) Successive legal obstruction + perversion of justice

(iv) Failure of most judges to apply laws.

(v) Fraud + perversion to course of justice by judiciary.

(vi) Misuse of judiciary for other purpose.

(vii) Interference with legal + judicial process

→ Superior documents (judges involved)  
(viii) Masonic conspiracy, persecution + denial of civil liberties.

Dr Helen Tsigounis

15/11/07

To:- MIRKO BAGARIC  
Fax:- 9833 7676

Mirko,  
I spoke to Gus Parathomas this morning  
and he informed me all the information that  
hoebenstein is requesting has already been sent to him.  
It is up to you to write hoebenstein a letter stating  
this so he can stop bullying me.  
Gus said he would give you a call.  
If my passport is not returned by the end of the week  
please write a letter to the United Nations Human  
Rights Division stating that I was bankrupted based  
on a fraudulent tax invoice.  
A complaint to the law institute and the legal  
ambassadors were wrongly dismissed.  
Further my trustee is refusing to forward my  
passport despite continual requests over 3 years  
for the reasons that you know.  
I have checked my file, and the Dreyfus complaint  
has already been given to you.  
I am forwarding you another copy.  
Please start a civil suit against Paspero Dreyfus  
ASAP for the reasons that have been discussed.  
You will have plenty of time to familiarise yourself  
with the details after these actions have  
been initiated.

Thanks  
Helen Tsigounis

TX Result Report No. 1  
PRINTED: 15 NOV 2007  
PRINTED: 09:35

### TX RESULT REPORT

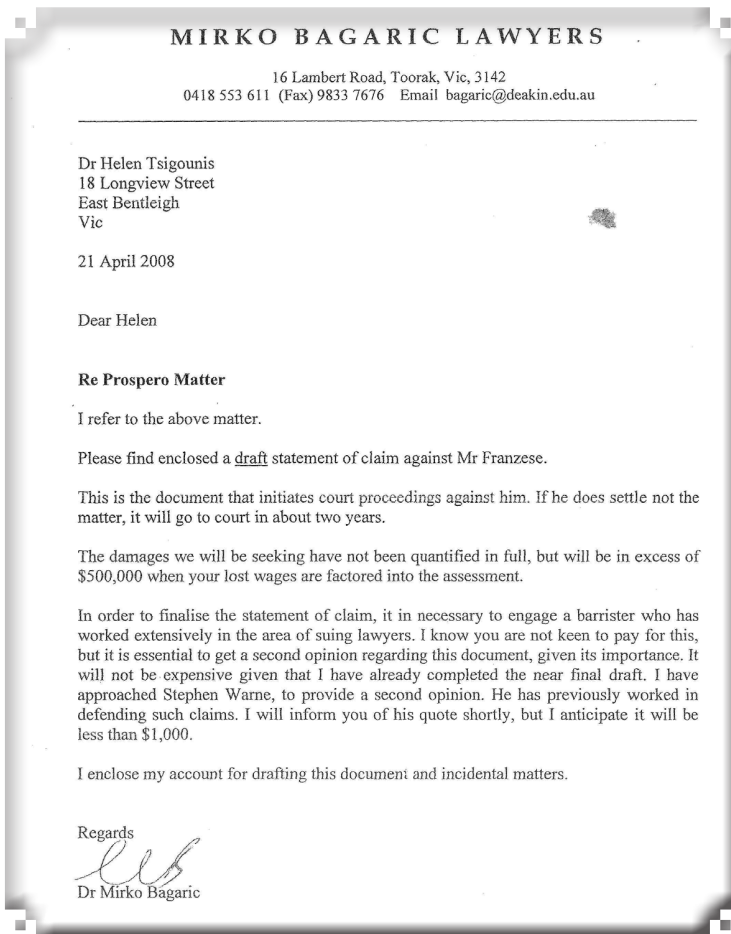
| FUNCTION | No. | DESTINATION STATION | DATE   | TIME  | PAGE | COMM. TIME | MODE | RESULT |
|----------|-----|---------------------|--------|-------|------|------------|------|--------|
| TX       | 1   | 98337676            | 15 NOV | 09:29 | 13   |            |      | ECM OK |

## The red back web

After reading the material Mr Bagaric was in horror at what had occurred and said he was well aware of the kind of pressures that the Australian Establishment could resort to.

He received over \$20,000 and after releasing me from bankruptcy he began preparing the Prospero matter describing it as a clear cut case of negligence.

The following document was prepared in relation to the civil action against solicitor Prospero Franzese, given to me to read before it was filed with the court.



**IN THE SUPREME COURT OF VICTORIA AT MELBOURNE**

No      of 2008

**COMMON LAW DIVISION**

**BETWEEN**

**HELEN TSIGOUNIS**

Plaintiff

and

**PROSPERO FRANZESE**

Defendant

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**STATEMENT OF CLAIM**

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Date of document:

30 April 2008

Filed on behalf of:

The Plaintiff

Prepared by:

Code: 100962

Mirko Bagaric Lawyers

Tel: 0418 553 611

16 Lambert Road

Fax: 9833 7676

Toorak, Vic, 3142

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**THE PLAINTIFF'S CLAIM IS:**

**A      BREACH OF CONTRACT**

1.      The defendant is and was at all material times a legal practitioner.
2.      The defendant is and was at all relevant times the Principal of the law firm 'Franzese and Associates: lawyers and consultants'.
3.      The plaintiff is a medical graduate.

4. The plaintiff was involved in a legal dispute with the Medical Board of Queensland ('the Board') regarding whether she had satisfactorily completed her internship - which is a necessary step in order to gain unconditional registration to practice as a medical practitioner.

#### Particulars

- 4.1 The plaintiff graduated with a medical degree from Monash University in 1997 and commenced an internship at the Frankston Hospital in January 1998. The internship was cancelled in October 1998.
- 4.2 In February 1999 the Medical Practitioners Board of Victoria determined that the plaintiff needed to complete a further six months training as an intern in order to gain general registration.
- 4.3 In April 2002 [after a period of time practising medicine in Greece] the plaintiff started work at the Townsville Hospital. In June 2002 the Queensland Board registered the plaintiff as a general registrant, under the condition that she complete 6 months of the internship with 12 weeks of this in surgery. This period of training was reduced (from the normal 12 month) due to the period of internship completed at the Frankston hospital.

- 4.4 In December 2002, the plaintiff applied for general registration without conditions on the basis that she had successfully completed her internship. The Board determined that the applicant had not completed the minimum 12 weeks rotation in surgery, and resolved that she was required to complete this training. Thus, the period of probation was extended for a further 3 months.

- 4.5 The applicant resigned from the Townsville Hospital in May 2003 and on 16 May 2003 forwarded a Notification of Completion of Internship as a Medical Practitioner.

- 4.6 At around this time the Board claimed that it had become aware of complaints against the plaintiff regarding her proficiency as a doctor. In June 2003, the Board determined that the plaintiff had not satisfactorily completed the internship and sent her a Show Cause Notice regarding why her registration should not be cancelled.

- 4.7 The plaintiff's registration was cancelled on 11 November 2003. On 9 December 2003, an appeal to the District Court of Queensland was lodged against this decision. The Med Board made its final decision on the 23 March 2004.

- 4.8 The plaintiff filed for restoration of her registration on 18 December 2003 and her registration was restored on 27 January 2004 subject to numerous conditions.

Rejected the Pl. app's application.

The plaintiff responded to the Board's  
\* June 2003 Show Cause Notice.

\* In Nov. 2003 the Med B issued a second show cause Notice which was also responded to

with further statements of complaints.

for unpaid regisr  
the claimant she had sent the internship req. set by the Board supported by the foll hosp

2004 to cancel the plaintiff's medical registration barring her from the Medical profession



received a third show cause notice with pointer system 4.9 (np), which was also responded to.

4.8 ~~The plaintiff received another show cause notice in February 2004 because the Board determined that she did not have the skills necessary to practise medicine in a clinical setting and was not capable of completing an internship satisfactorily.~~

4.9 The plaintiff's response to this notice did not satisfy the Board, which cancelled her registration on 23 March 2004. The proceedings in the District Court involved a challenge to this decision. The B. made procedural errors & failed to adhere to the legislation governing such proceedings.

4.10 The hearing at the District Court lasted for 14 days. The hearing days were 23-25 August 2004, 31 January, 1-4 February, 7-11 February, 7 April 2005. In addition to this, written submissions were received by the Court on 13 & 18 April 2005. and — — —

4.11 In the District Court, the plaintiff was partially successful. The District Court did not order the Board to confer unconditional registration on the plaintiff to practice as a doctor. The Court upheld the decision of the Medical Board of Queensland that the plaintiff had not satisfactorily completed her internship, but it set aside the decision of the Board to cancel her registration and directed the Board to extend the plaintiff's probationary conditions for one year by requiring her to undertake all of her prescribed internship at a hospital other than Townsville Hospital.

4.12 Thus, effectively at the District Court the plaintiff was partially successful because the Court overturned the part of the order of the Board which stated that the plaintiff cannot achieve the level of competence to practise unsupervised.

4:13 In relation to costs, it was held that the Board was required to pay 15% of the plaintiff's costs.

4.14 The plaintiff sought leave to appeal the decision of the District Court to the Supreme Court of Queensland. Leave was refused on 15 August 2006.

4.15 The plaintiff ~~appealed~~ <sup>asked for leave to appeal</sup> the decision of the Supreme Court of Queensland to the High Court of Australia. An application for special leave to the High Court was rejected on 24 May 2007.

5. In about early August 2004 the plaintiff entered into a contract ('the agreement') with the defendant for the defendant to represent her in the proceedings at the District Court of Queensland, challenging the decision of the Queensland Medical Board on 23 March 2004 to cancel the registration of the plaintiff.

6. The agreement between the plaintiff and defendant was that the defendant would represent the plaintiff in relation to her District Court proceedings and in consideration of this would be paid a lump sum.

✓ solicitor withdrew from the case.

Dates

$1/3/05$   
 $3+18/4/05$   
 $7/4/05$   
 $4,25/5/05$   
 $7/6/05$   
 $24/6/05$   
 $1/7/05$



7. The agreement was oral and partly evidenced in writing.

Particulars

- 7.1 The plaintiff attended the office of the defendant in ~~about early August 2007~~ <sup>March of 2004</sup> and the defendant agreed to provide her legal advice and services regarding her District Court proceedings.
- 7.2 The service to be provided by the defendant was initially to be confined to assisting with preparing the necessary documentation, organising the appropriate witnesses and briefing counsel for appearing at the hearing. Thus, the defendant was engaged to be the plaintiff's solicitor in relation to the District Court proceedings.
- 7.3 Approximately one week before the commencement of District Court hearing, the services of counsel (Mark Dreyfus QC) that was ~~briefed to appear in the matter were terminated.~~ <sup>had been briefed to appear + appear in the last 10 months previously.</sup>
- 7.4 The defendant then agreed that he would appear for the plaintiff at the District Court.
- 7.5 The defendant was to be paid a \$5,000 lump sum for his service and an additional \$1,000 per day for representing the plaintiff at the hearing. The plaintiff paid the sum of \$5,000 to the defendant ~~on or about 16 August 2004.~~ <sup>in suddenly withdrew from case, after having received over 50,000 in legal fees.</sup>
- 7.6 The plaintiff agreed to pay the travel and accommodation costs incurred by the defendant in relation to travelling to Queensland. The plaintiff paid these expenses on or about 17 August 2004.

8. The defendant breached the contract by ~~not~~ <sup>representing</sup> the plaintiff at the hearing which commenced on 23 August 2004.

Particulars

- 8.1 At the start of the proceedings in the District Court before Judge Wall the defendant announced his appearance and that he was appearing for the plaintiff, ~~instructed by Purcell Taylor Lawyers as agents for Franzese and Associates.~~
- 8.2 Several minutes into the hearing, a discussion ensued with the judge and counsel representing the Queensland Medical Board (Mr D H Tait SC - instructed by Philips Fox) during which it emerged that the defendant was not authorised to practice law

## Dr Helen Tsigounis

I sent him the following fax with the factual corrections.

Day 3, page 20

in Queensland because he did not have professional indemnity insurance, as required by the *Legal Profession Act 2004* (Qld)).

8.3 The defendant admitted to Wall J that he was not entitled to appear on behalf of the plaintiff. He took no part in the hearing.

9. As a result of the defendant's breach of contract, the plaintiff was required to represent herself for the first ~~three~~ <sup>four</sup> days of the hearing – prior to the remainder of the hearing being adjourned to January 2005.

**Particulars**

9.1 After it was ascertained that the plaintiff was not entitled to appear on behalf of the defendant Wall J informed the plaintiff that '...[D]o you realise that you'll have to conduct the case yourself?'. The plaintiff responded 'Well, I have no choice'. To which Wall J replied: 'No'.

10. The prejudice suffered by the plaintiff as a result of being required to represent herself during the first three days was significant and incurable.

**Particulars**

10.1 During the first three days of the hearing several key witnesses gave evidence on behalf of the Board. These included Dr Gelhaar, Dr Coley, Dr Ashley, Nurse Struthers, Nurse Bailey, Nurse Buldo and Dr Balanathan.

10.2 Not being legally trained, the plaintiff did not object to the reception of legally inadmissible evidence, nor effectively cross-examine the witnesses.

10.3 The plaintiff's predicament was made more difficult by the fact that the witnesses were her professional colleagues and superiors.

10.4 The plaintiff was not instructed that she could tender evidence, or that she could call her own witnesses.

11. As a result of the defendant's breach of contract, the plaintiff has suffered loss and damage in the form of:

11.1 Legal costs paid to the defendant, which amount to \$5,000;

11.2 Legal costs incurred in appealing the decision to the Supreme Court of Queensland and the High Court of Australia, which amount to \$220,000;

11.3 Loss of income as a result of not being admitted to practice as a medical practitioner on an unconditional basis.

The procedural errors made by the Med Board in assessing & deciding the plaintiff ~~unable to work as a doctor~~ application ~~the~~ meant, according to the Med Act that the plaintiff was successful & that she received the Board's decision in March 2004.

Thus, the decision under appeal is in effect totally void. A point which was not argued during the DCH, nor picked up by the Judges.

Dr. Frohman

difficulty it he was operating an MRI

v. diff. off + not he represent herself by saying he would scale the same

task is or the hearing where the following is stated by his Honor

reminds F. The Plaintiff's statement that it was

Dr. Frohman

Thus, the decision under appeal is in effect totally void. A point which was not argued during the DCH, nor picked up by the Judges.

**SCHEDULE OF PARTIES**

BETWEEN

No      of 2008

**Helen Tsigounis**

Plaintiff

and

**Prospero Franzese**

Defendant

Dated:            30 April 2008

1. Place of trial:      Melbourne

2. Mode of trial:      Judge alone

3. This writ was filed for the Plaintiff by Mirko Bagaric Lawyers of 16 Lambert Road, Toorak, 3142.

4. The address of the Plaintiff is 18 Longview Street, East Bentleigh, Vic, 3165.

5. The address for service of the Plaintiff is care of Mirko Bagaric Lawyers of 16 Lambert Road, Toorak, 3142.

6. The address for the Defendant is suite 2, 209 Victoria Parade, Fitzroy, Vic 3065.

Dr Helen Tsigounis

**MIRKO BAGARIC LAWYERS**

16 Lambert Road, Toorak, Vic, 3142  
0418 553 611 (Fax): 9833 7676 Email: bagaric@deakin.edu.au

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Dr Helen Tsigounis  
18 Longview Street  
East Bentleigh  
Vic

13 February 2008

Dear Helen

**Re Account for services from 2 April to 21 April 2008**

Receiving instructions to sue for legal negligence and drafting writ and statement of claim

6 hours @ \$320 (plus \$32 GST) = \$2, 112

**Total owing: \$2,112**

Regards

  
Dr Mirko Bagaric

11.4 Allowing a legally void decision to be annulled resulted in damaging findings by the DCS who also relied on inadmissible evidence to support the findings

11.5 The psych stress of the legal process resulting in the pl. suffering post-traumatic stress disorder

Further, 11.3.1 The plaintiff has not been able to secure employment to complete her internship and is still not admitted as a medical practitioner.

fact damaging findings, including psych findings by the DCS which are not inside the legal process and are inadmissible evidence.

# B NEGLIGENCE

12. The plaintiff repeats paragraphs 1 to 7 (inclusive) above.
13. The defendant, in his capacity, as a legal practitioner owed a duty of care to the plaintiff.
14. The content of the duty of care required, at least, that the defendant take the necessary steps to obtain the appropriate authority to enable him to practice law in Queensland in order that he could appear on behalf of plaintiff.
15. The defendant breached the duty of care that he owed to the plaintiff by failing to take the necessary steps to obtain the necessary authority to practice law in Queensland and represent the plaintiff in the hearing at the District Court.

Further he did not instruct the plaintiff of his options to adjourn the case nor of the legalities relating to conducting the case.

The plaintiff repeats the particulars at paragraph 8 above.

16. As a result of the defendant's breach of duty of care, the plaintiff has suffered loss and damage in the form set out in paragraph 11 above.

C. Defamation  
A process was allowed to occur that was in effect legally void resulting in highly damaging for public findings against the plaintiff and resulting in her being unable to practice her profession for over 4 years.

## AND THE PLAINTIFF CLAIMS AGAINST THE DEFENDANT:

- A. Damages;
- B. Costs;
- C. Interest;
- D. Such further orders as the Court thinks fit.

Dated the 30<sup>th</sup> day of April 2008

.....  
Mirko Bagaric  
Solicitor for the Plaintiff

.....  
Stephen Warne  
Counsel

.....  
but was the subject of the Judge's findings as to material regarding this issue was allowed before the court despite it being inadmissible.

387  
①

22/4/08

Fax:- 98 33 76 76  
To:- MIRKO BACARIC  
Subject: Prospero matter instructions  
to statement of claim.

#### Par 4.5

The applicant made a second application for unconditional registration to the Medical Board in April 2003 that she has satisfied the internship requirements set by the Board, supported by excellent references. She then resigned from the Townsville Hospital in May of 2003.

#### Par 4.5.1

On 14 May 2003, after the applicant left the hospital the Medical Board began an investigation into the applicant by sending Board Delegate, Dr. K. Yuen to the hospital.

Complaints came forth for the first time in relation to the applicant's competency which were presented to the Applicant in the Board's June 11<sup>th</sup> show cause Notice.

The Applicant responded to the Board's Notice by written submissions dated 13/Aug 2003.

#### Par 4.5.2

The Board continued the investigation into the Applicant's competency for the remainder of 2003.

②

4.5.3 The Board issued a second show cause Notice in November of 2003.

The Applicant responded to this notice by written submissions.

Par 4.7 and 4.8 should be deleted as they are factually incorrect.

4.8 The Applicant received a third show cause Notice in February 2004 which was also responded to by written submissions.

4.9 Include at end of par:

The Medical Board made procedural errors in determining the Applicant's application and were in breach of "the Act", the legislation governing the Med B.

The decision under appeal was the result of an erroneous process and therefore legally void.

The Act states that if a decision is not made within the allowed time frame, ~~the application in determining an application, the application is~~ it is taken that the application goes through successfully.

The Applicant thus achieved her desired uncond. registration before the Board made its decision on 23 March 2004, rendering the entire legal process as void.

the Medical Practitioner's Registration Act, 2007.



③

#### 4.10. Add

In addition to this, written submissions were received by the court on 8/3/05

13 and 18/4/05

7/4/05

24, 25/5/05

17/6/05

24/6/05

1/7/05

#### 4.11. Change to:-

In the District Court, the plaintiff was unsuccessful in that the Judge found she had not completed the Internship requirements set by the Board and ordered her to repeat a 12 month internship in a hospital other than Townsville. The Judge made damaging findings including psychiatric findings which as he states was not an issue of the Appeal.

Despite this, psychiatric evidence was included before the court and published in the Judges findings.

leave out 4.12 and 4.13.

4.15 The ~~part~~ include the 10 errors of law in High Court Decision



## The red back web

④

Par ⑤ In March of 2004 and after the plaintiff's previous solicitor, Yamahoga, withdrew from the case, . . . -->

Par. 7.1 Date - March of 2004.

Par. 7.3 Rewrite

Approximately 4 week before the commencement of QC hearing, Mark Droukas QC that was briefed to appear in the matter 10 months previously withdrew from the case. This is despite having received over 50,000 in legal fees.

~~Par 7.5~~

Par 8.1 leave out "instructed by Purcell Taylor lawyers as agents for Franz + J"

⑤

Par 9.1 Add

when the Applicant expressed on day 3 that to represent herself was an impossible task, the Judge responded "I would face the same difficulties if I was operating" p9c 200.

Add par. 10.4

The plaintiff was not instructed that she could tender evidence, call witnesses or the possibility of an adjournment so as to obtain other legal representation

Par ⑪.3 Add

The procedural errors made by the Board in coming to the decision under appeal were overlooked by Franzese.

If they had been acted on, the plaintiff would have achieved her unconditional rehabilitation, and without an ongoing legal process.

Add 11.4 Allowing a legally void process to continue resulted in damaging findings by Dist. Court Judge that were published in his judgement and in the ~~the~~ Qld. press. Plaintiff suffering post-traumatic stress as a result.

B. Negligence. par 15. Add, Further Mr Fransese did not instruct the plaintiff or his opinion to adjourn the case so other legal remedialative be obtained nor of the legalities related to conducting the case.

C. Detamation.  
legally void process continued, damaging findings based on inadmissible evidence also published in Qld press.

~~Dr. Mirko Bagaric?~~

Judge alone?

The new document was not prepared and Mirko withdrew from the case without returning the money that he had recieved for tasks not as yet carried out.

The following fax was sent to Mirko during this period;

390 Attachment (5) 4/5/08

\* MIRKO BAGARIC LAWYERS.  
Fax - 9833 7676  
From - Helen Tsigounis

It appears you are delaying matters unnecessarily.

You have NOT sent me a revised + corrected version of the statement of claim as forwarded to you last week

I made it clear in my previous instructions that I did not want you to obtain the advice of a barrister in this system as there has been successive legal obstruction to the facts of this case + to justice. This memorandum is clearly grossly incorrect by law.

Please send me a corrected version of the statement of claim without the obvious falsification of material + evidence

I will be paying you for this document once I receive it.

The corrections are clear as to my previous fax.

## The red back web

If you believe there will be further judicial corruption in relation to this case, as it clearly was with the main case then you need to alert authorities inside + outside the country.

The U.N document, as my instructions needs to be completed.

Helen Tsigounis

I will be including Stephen Warnes memorandum of advice in my book + in the U.N document as further evidence of systemic conspiracy to pervert the course of justice.

Mr Bagaric had breached his contract of agreement without fear of the law. To find a solicitor to take action against him would most possibly lead to the same sequel of events.

I let it go thinking I would include these events in the United Nations document to further support the issue of legal conspiracy to the perversion of the course of justice.

I had, during this period finally been released from bankruptcy and my passport was returned to me after three years.

I needed to get away from the Australian System and my sister, after realising my fragile psychological state came up with some money so I could take a holiday to Greece and organise once again to work as a doctor there.

I thought, in Greece and away from the enemies fire I would be able to complete my tasks and to find some peace.

But I was soon to discover that even in Greece I was to remain attached to my enemies by a thread.

The thread was Paul V.

With Eugene, Paul had travelled to Greece to further this illuminati crime against me.

He visited Masonic lodges coercing his brothers for help and offering them potential gains.

All expenses paid by the Australian Government.

The cyclone grew, and at its centre I tried to find peace and a will to keep going from God.

I am, up to this point in time, unable to find a lawyer or barrister to help me re-open the case to the High Court of Australia or to help me with the United Nations Document.

*“The red-back sucks up all of the juices of its captive leaving a mere exoskeleton on the outside of its web.*

*The red-back is now redder than it was before”.*



*Targeted by a satanic network.*

*Malice, false complaints, corrupt judges, gross violations to the laws and cover-ups to the highest levels.*

*The unfolding events in all their detail, their complexity and their deepest meanings penetrate to the final and general truth.*

*This story, my story shines light on the network that controls the Australian System, and the crimes that remain lurking in the shadows.*

